

|  |                                   |  |               |   |                   |                        |  |
|--|-----------------------------------|--|---------------|---|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |   |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                       |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE                    |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE                 |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |               |   |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |   |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |   |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |   |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   |  |               | TO  |                   | WEIGHT                 |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                                  |                   | AMOUNT                 |  |
|  |                                   |  |               | COST  | PER               | ( 1 )                  |  |
|  |                                   |  |               |   |                   | (b) (4)                |  |
| (Use continuation sheet(s) if necessary)   |                                   |  |               | <b>(Payee must NOT use the space below)</b> |                   | <b>TOTAL</b>           |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                                 |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |   |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |   |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |   |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |   |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment        |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)                     |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |   |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |   |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |   |                   |                        |  |
|  |                                   |  |               |   |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                                | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                          |                   |                        |  |
|  | \$                                |  |               |   |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |   | FOR               |                        |  |
|  |                                   |  |               |   | TITLE             |                        |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7353846  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A), (b) (4)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7353847  
Amount Due: (b) (4)  
Invoice Date: 4/30/2015  
Terms: Payment Due 30 Days  
Due Date: 5/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 04/01/2015       | 04/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Chula Vista CA 91914-3519

Invoice No: 7353848  
Amount Due: (b) (4)  
Invoice Date: 4/30/2015  
Terms: Payment Due 30 Days  
Due Date: 5/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7353850  
Amount Due: (b) (4)  
Invoice Date: 4/30/2015  
Terms: Payment Due 30 Days  
Due Date: 5/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 04/01/2015       | 04/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7353849  
Amount Due: (b) (4)  
Invoice Date: 4/30/2015  
Terms: Payment Due 30 Days  
Due Date: 5/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service Ste E  
 Location: (b) (6)  
 San Benito TX 78586-7777

Invoice No: 7363101  
 Amount Due: (b) (4)  
 Invoice Date: 5/3/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/2/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS7F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|  |                                   |  |                                   |                             |                    |                                      |                   |
|--|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|  |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|  |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br><div>(b) (6)</div>  |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|  |                                   |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|  |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|  |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM   |                                   | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |                   |
|  |                                   |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|  |                                   |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
|  |                                   |  |                                   |                             |                    |                                      |                   |
|  |                                   |  |                                   |                             |                    |                                      |                   |
|  |                                   |  |                                   |                             |                    |                                      |                   |
|  |                                   |  |                                   |                             |                    |                                      |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>   |                                   |  |                                   |                             |                    | <b>TOTAL</b>                         |                   |
| PAYMENT:   |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL   |                                   | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL   |                                   |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL   |                                   |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS  |                                   |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION  |                                   |  |                                   |                             |                    |                                      |                   |
|  |                                   |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|  | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$   |                                   |  |                                   |                             |                    |                                      |                   |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                                   |                             |                    | FOR                                  |                   |
|  |                                   |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7353855  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

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Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Chula Vista CA 91914-3519

Invoice No: 7353854  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7353856  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7353851  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

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G4S Secure Solutions (USA) Inc

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Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Laredo TX 78041-2204

Invoice No: 7353852  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service Ste E

Location: (b) (6)

San Benito TX 78586-7777

Invoice No: 7353853  
 Amount Due: (b) (4)  
 Invoice Date: 4/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 5/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 04/01/2015       | 04/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|   |   |   |                             |  |   |   |  |
|---|---|---|-----------------------------|--|---|---|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |   | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL                              |                             |  | VOUCHER NO.   |   |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |   |   | DATE VOUCHER PREPARED       |  | SCHEDULE NO.<br><br><br>PAID BY<br><br><br>DATE INVOICE RECEIVED<br><br>DISCOUNT TERMS<br><br>PAYEE'S ACCOUNT NUMBER<br><br>GOVERNMENT B/L NUMBER |   |  |
|   |   |   | CONTRACT NUMBER AND DATE    |  |   |   |  |
|   |   |   | REQUISITION NUMBER AND DATE |  |   |   |  |
| PAYEE'S NAME AND ADDRESS<br><br><div style="background-color: black; color: red; font-size: 2em; padding: 10px; display: inline-block;">(b) (6)</div>   |   |   |                             |  |   |   |  |
|   |   |   |                             |  |   |   |  |
|   |   |   |                             |  |   |   |  |
|   |   |   |                             |  |   |   |  |
| SHIPPED FROM  |   |   | TO                          |  | WEIGHT  |   |  |
| NUMBER AND DATE OF ORDER  |   | DATE OF DELIVERY OR SERVICE   |                             | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> |   | QUANTITY  |  |
|   |   |   |                             |  |   | UNIT PRICE<br>COST      PER   |  |
| <div style="background-color: black; color: red; font-size: 2em; padding: 5px;">(b) (4)</div><br><br><br><div style="background-color: black; color: red; font-size: 1.2em; padding: 5px;">(b) (3) (A)</div>  |   | <div style="background-color: black; color: red; font-size: 2em; padding: 5px;">(b) (4)</div> |                             | <div style="background-color: black; color: red; font-size: 2em; padding: 5px;">(b) (4)</div>  |   | <div style="background-color: black; color: red; font-size: 2em; padding: 5px;">(b) (4)</div> |  |
| (Use continuation sheet(s) if necessary)  |   |   |                             |  |   | TOTAL   |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |   | APPROVED FOR<br><br>BY <sup>2</sup><br><br>TITLE  |                             | EXCHANGE RATE<br>= \$1.00  |   | DIFFERENCES<br><br>Amount verified; correct for payment<br><br>(Signature or initials)        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |   |   |                             |  |   |   |  |
| _____<br>(Date)                      (Authorized Certifying Officer)                      (Title)   |   |   |                             |  |   |   |  |
| ACCOUNTING CLASSIFICATION   |   |   |                             |  |   |   |  |
|   |   |   |                             |  |   |   |  |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER      ON TREASURER OF THE UNITED STATES |   |                             | CHECK NUMBER      ON (Name of bank)  |   |   |  |
|   | CASH      DATE                                      |   |                             | PAYEE <sup>3</sup>   |   |   |  |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |   |   |                             |  |   | FOR<br><br><br>TITLE  |  |

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |  |  |  |                                 |   |
|---|--|--|--|--|---------------------------------|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |  |  | VOUCHER NO.<br><br>7348671-CONS |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |  |  | DATE VOUCHER PREPARED<br>05/07/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |                                 | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <b>PAYEE'S NAME AND ADDRESS</b> </div> <div style="width: 85%;"> <div style="border: 1px solid black; padding: 5px;">             G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 10px; text-align: center;">(b) (6)</div> </div> </div> </div>   |  |  |  |  |                                 |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |  |  |  |                                 |   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE                          | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>   | QUAN-TITY  | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"><span>COST</span><span>PER</span></div>                              |                                 | AMOUNT<br><div style="text-align: right;">( 1 )</div>   |
| (b) (4)<br><br>TAS# (b) (3) (A)   | 4/1 - 4/30/15  | (b) (4) Yuma Sector<br><br>In the event of questions on this invoice contact (b) (6) Manager Contract Compliance at address above or at (b) (6) By submission of this invoice, (b) (6) certifies that the costs contained in this invoice are accurate and complete.<br><br>Banking ABA# (b) (6) Acct# (b) (6) | 1  | (b) (4) Month  |                                 | (b) (4)   |
| (Use continuation sheet(s) if necessary)  |  |  |  |  |                                 | TOTAL   |
|   |  |  |  |  |                                 | 3,486,583.71  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR _____<br><div style="text-align: right;">=\$</div>  | EXCHANGE RATE _____<br><div style="text-align: right;">=\$1.00</div> | DIFFERENCES _____<br><br>Amount verified, correct for payment  |                                 |   |
|   |  | BY <sup>2</sup> _____<br><br>TITLE _____   | (Signature or initials) _____  |  |                                 |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |  |  |  |                                 |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |  |  |  |                                 |   |
| ACCOUNTING CLASSIFICATION   |  |  |  |  |                                 |   |
|   |  |  |  |  |                                 |   |
| PAID BY   | CHECK NUMBER _____ ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER _____ ON (Name of bank)                                 |  |                                 |   |
|   | CASH _____ DATE _____ \$ _____                       |  | PAYEE <sup>3</sup> _____   |  |                                 |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |  |  |  |                                 | FOR _____<br><br>TITLE _____  |

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



|   |                                   |  |                                   |                             |                    |   |                   |              |
|---|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|---|-------------------|--------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                                 |                   |              |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                                |                   |              |
|   |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                                     |                   |              |
|   |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |   |                   |              |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)  |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                       |                   |              |
|   |                                   |  |                                   |                             |                    | DISCOUNT TERMS                              |                   |              |
|   |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER                      |                   |              |
|   |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                       |                   |              |
| SHIPPED FROM  |                                   |  |                                   | TO                          |                    | WEIGHT                                      |                   |              |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                                      |                   |              |
|   |                                   |  |                                   | COST                        | PER                | ( 1 )                                       |                   |              |
|   |                                   |  |                                   |                             |                    | (b) (4)                                     |                   |              |
| (Use continuation sheet(s) if necessary)  |                                   |  |                                   |                             |                    | <b>(Payee must NOT use the space below)</b> |                   | <b>TOTAL</b> |
| PAYMENT:  |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                                 |                   |              |
| <input type="checkbox"/> PROVISIONAL  |                                   | =\$  |                                   | =\$1.00                     |                    |   |                   |              |
| <input type="checkbox"/> COMPLETE   |                                   | BY <sup>2</sup>  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> PARTIAL  |                                   |  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> FINAL  |                                   |  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> PROGRESS   |                                   |  |                                   |                             |                    | Amount verified; correct for payment        |                   |              |
| <input type="checkbox"/> ADVANCE  |                                   | TITLE  |                                   | (Signature or initials)     |                    |   |                   |              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                                   |  |                                   |                             |                    |   |                   |              |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                                   |  |                                   |                             |                    |   |                   |              |
| ACCOUNTING CLASSIFICATION   |                                   |  |                                   |                             |                    |   |                   |              |
|   |                                   |  |                                   |                             |                    |   |                   |              |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |   | ON (Name of bank) |              |
|   | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |   |                   |              |
| \$  |                                   |  |                                   |                             |                    |   |                   |              |
| <div><div><sup>1</sup> When stated in foreign currency, insert name of currency.<br/><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br/><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                                   |                             |                    |   | FOR               |              |
|   |                                   |  |                                   |                             |                    |   | TITLE             |              |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7483298  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7483299  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7483300  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7483303  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7483301  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service Ste E  
Location: (b) (6)  
San Benito TX 78586-7777

Invoice No: 7483302  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|  |                                   |  |                                   |                             |                    |                                      |                     |
|--|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|---------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                     |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                     |
|  |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                     |
|  |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                     |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                     |
|  |                                   |  |                                   |                             |                    | DISCOUNT TERMS                       |                     |
|  |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                     |
|  |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                     |
| SHIPPED FROM   |                                   |  |                                   | TO                          |                    | WEIGHT                               |                     |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> |                                   | QUAN-<br>TITY               | UNIT PRICE         |                                      | AMOUNT<br><br>( 1 ) |
|  |                                   |  |                                   |                             | COST               | PER                                  |                     |
|  |                                   |  |                                   |                             |                    |                                      | (b) (4)             |
| (Use continuation sheet(s) if necessary)   |                                   |  |                                   |                             |                    |                                      |                     |
| (Payee must NOT use the space below)   |                                   |  |                                   |                             |                    | TOTAL                                |                     |
| PAYMENT:   |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                     |
| <input type="checkbox"/> PROVISIONAL   |                                   | =\$  |                                   | =\$1.00                     |                    |                                      |                     |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> PARTIAL   |                                   |  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> FINAL   |                                   |  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> PROGRESS  |                                   |  |                                   |                             |                    | Amount verified; correct for payment |                     |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |                                   | (Signature or initials)     |                    |                                      |                     |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |                                   |                             |                    |                                      |                     |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |                                   |                             |                    |                                      |                     |
| ACCOUNTING CLASSIFICATION  |                                   |  |                                   |                             |                    |                                      |                     |
|  |                                   |  |                                   |                             |                    |                                      |                     |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank)   |
|  | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                     |
| \$   |                                   |  |                                   |                             |                    |                                      |                     |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                                   |                             |                    | FOR                                  |                     |
|  |                                   |  |                                   |                             |                    | TITLE                                |                     |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7483307  
 Amount Due: (b) (4)  
 Invoice Date: 8/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 9/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service

(b) (6)

Location:

Chula Vista CA 91914-3519

Invoice No: 7483306  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7483309  
 Amount Due: (b) (4)  
 Invoice Date: 8/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 9/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7483304  
 Amount Due: (b) (4)  
 Invoice Date: 8/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 9/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7483308  
Amount Due: (b) (4)  
Invoice Date: 8/31/2015  
Terms: Payment Due 30 Days  
Due Date: 9/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 08/01/2015       | 08/31/2015     | 1.00            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service Ste E  
 Location: (b) (6)  
 San Benito TX 78586-7777

Invoice No: 7483305  
 Amount Due: (b) (4)  
 Invoice Date: 8/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 9/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 08/01/2015       | 08/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)



|   |  |  |  |  |   |   |
|---|--|--|--|--|---|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |  |  | VOUCHER NO.<br><br>7470833-CONS                       |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |  |  | DATE VOUCHER PREPARED<br>09/09/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |   | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <b>PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS</b> </div> <div style="width: 75%;"> <div style="border: 1px solid black; padding: 5px;">             G4S Secure Solutions (USA) Inc<br/>             1395 University Blvd<br/>             Jupiter, FL 33458           </div> </div> </div>   |  |  |  |  |   |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |  |  |  |   |   |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE                    | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</small>   | QUAN-<br>TITY  | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"> <div>COST</div> <div>PER</div> </div>                               | AMOUNT<br><div style="text-align: right;">( 1 )</div> |   |
| (b) (4)<br><br>TAS# 7030530   | 8/1 -<br>8/31/15                                     | (b) (4) Yuma Sector<br><br>In the event of questions on this invoice contact<br>(b) (6) Manager Contract Compliance<br>at address above or at (b) (6) By<br>submission of this invoice, (b) (6)<br>certifies that the costs contained in this invoice<br>are accurate and complete.<br><br>Banking ABA (b) (6) Acct# (b) (6) | 1  | (b) (4) Month  | (b) (4)   |   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |  |  |  |  | <b>TOTAL</b> 3,634,047.34                             |   |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR _____<br><div style="text-align: right;">=\$</div>  | EXCHANGE RATE _____<br><div style="text-align: right;">=\$1.00</div> | DIFFERENCES _____<br><br>_____<br><br>Amount verified, correct for payment   |   |   |
|   |  | BY <sup>2</sup> _____<br><br>TITLE _____   | _____<br>(Signature or initials)                                     |  |   |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |  |  |  |   |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |  |  |  |   |   |
| ACCOUNTING CLASSIFICATION   |  |  |  |  |   |   |
|   |  |  |  |  |   |   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER _____ ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER _____ ON (Name of bank)                                 |  |   |   |
|   | CASH _____ DATE _____<br>\$ _____                    |  | PAYEE <sup>3</sup> _____   |  |   |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |  |  |  | FOR _____<br><br>TITLE _____                          |   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



|  |  |  |  |                                |            |                                      |                     |
|--|--|--|--|--------------------------------|------------|--------------------------------------|---------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121 |  | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |  |                                |            | VOUCHER NO.                          |                     |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |  |  |  | DATE VOUCHER PREPARED          |            | SCHEDULE NO.                         |                     |
|  |  |  |  | CONTRACT NUMBER AND DATE       |            | PAID BY                              |                     |
|  |  |  |  | REQUISITION NUMBER AND DATE    |            |                                      |                     |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |  |  |  |                                |            | DATE INVOICE RECEIVED                |                     |
|  |  |  |  |                                |            | DISCOUNT TERMS                       |                     |
|  |  |  |  |                                |            | PAYEE'S ACCOUNT NUMBER               |                     |
|  |  |  |  |                                |            | GOVERNMENT B/L NUMBER                |                     |
| SHIPPED FROM   |  |  |  | TO                             |            | WEIGHT                               |                     |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE              | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> |  | QUAN-<br>TITY                  | UNIT PRICE |                                      | AMOUNT<br><br>( 1 ) |
|  |  |  |  |                                | COST       | PER                                  |                     |
|  |  |  |  |                                |            |                                      | (b) (4)             |
| (Use continuation sheet(s) if necessary)   |  |  |  |                                |            |                                      |                     |
| (Payee must NOT use the space below)   |  |  |  |                                |            | TOTAL                                |                     |
| PAYMENT:   |  | APPROVED FOR   |  | EXCHANGE RATE                  |            | DIFFERENCES                          |                     |
| <input type="checkbox"/> PROVISIONAL   |  | =\$  |  | =\$1.00                        |            |                                      |                     |
| <input type="checkbox"/> COMPLETE  |  | BY <sup>2</sup>  |  |                                |            |                                      |                     |
| <input type="checkbox"/> PARTIAL   |  |  |  |                                |            |                                      |                     |
| <input type="checkbox"/> FINAL   |  |  |  |                                |            |                                      |                     |
| <input type="checkbox"/> PROGRESS  |  |  |  |                                |            | Amount verified; correct for payment |                     |
| <input type="checkbox"/> ADVANCE   |  | TITLE  |  | (Signature or initials)        |            |                                      |                     |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |  |  |  |                                |            |                                      |                     |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |  |  |  |                                |            |                                      |                     |
| ACCOUNTING CLASSIFICATION  |  |  |  |                                |            |                                      |                     |
|  |  |  |  |                                |            |                                      |                     |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER ON TREASURER OF THE UNITED STATES |  |  | CHECK NUMBER ON (Name of bank) |            |                                      |                     |
|  | CASH DATE                                      |  |  | PAYEE <sup>3</sup>             |            |                                      |                     |
|  |  |  |  |                                |            | FOR                                  |                     |
|  |  |  |  |                                |            | TITLE                                |                     |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|  |                             |  |                                   |                             |                    |                                      |                   |
|--|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|  |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|  |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|  |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|  |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|  |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM   |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN- TITY                        | UNIT PRICE                  |                    | AMOUNT                               |                   |
|  |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|  |                             |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:   |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL   |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL   |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL   |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS  |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION  |                             |  |                                   |                             |                    |                                      |                   |
|  |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|  | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$   |                             |  |                                   |                             |                    |                                      |                   |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |                                   |                             |                    | FOR                                  |                   |
|  |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7294207  
 Amount Due: (b) (4)  
 Invoice Date: 3/1/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/31/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service: (b) (6) d  
 Location: Chula Vista CA 91914-3519

Invoice No: 7294206  
 Amount Due: (b) (4)  
 Invoice Date: 3/1/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/31/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6) ve  
Location: El Paso TX 79925-1212

Invoice No: 7294208  
Amount Due: (b) (4)  
Invoice Date: 3/1/2015  
Terms: Payment Due 30 Days  
Due Date: 3/31/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service: (b) (6) e  
 Location: Del Rio TX 78840-8004

Invoice No: 7294203  
 Amount Due: (b) (4)  
 Invoice Date: 3/1/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/31/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6) Blvd  
 Location: Laredo TX 78041-2204

Invoice No: 7294204  
 Amount Due: (b) (4)  
 Invoice Date: 3/1/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/31/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: 2402 W Hwy 77  
 San Benito TX 78586-7777

Invoice No: 7294205  
 Amount Due: (b) (4)  
 Invoice Date: 3/1/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/31/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 02/01/2015       | 02/28/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
| (b) (4)   |                             | (b) (4)  |                                   | (b) (4)                     |                    | (b) (4)                              |                   |
| (b) (3) (A)   |                             |  |                                   |                             |                    |                                      |                   |
| (Use continuation sheet(s) if necessary)  |                             | <b>(Payee must NOT use the space below)</b>  |                                   |                             |                    | <b>TOTAL</b>                         |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <div><div><sup>1</sup> When stated in foreign currency, insert name of currency.<br/><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br/><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |                                   |                             |                    | FOR                                  |                   |
|   |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |   |  |  |                                 |   |
|---|--|---|--|--|---------------------------------|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |  |  | VOUCHER NO.<br><br>7280911-CONS |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |   |  | DATE VOUCHER PREPARED<br>03/09/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |                                 | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; align-items: center;"> <div style="width: 15%; font-weight: bold; text-align: center;">           PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS         </div> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;">           G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (6)</div> </div> </div>  |  |   |  |  |                                 |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |   |  |  |                                 |   |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE                    | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>  | QUAN-<br>TITY  | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"> <div>COST</div> <div>PER</div> </div>                               |                                 | AMOUNT<br><br><div style="text-align: right;">( 1 )</div>   |
| <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (4)</div><br>TAS# 7030530   | 2/1 -<br>2/28/15                                     | <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (4)</div> Yuma Sector<br><br>In the event of questions on this invoice contact<br><div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (6)</div> Manager Contract Compliance<br>at address above or at <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (6)</div> By<br>submission of this invoice, <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (6)</div><br>certifies that the costs contained in this invoice<br>are accurate and complete.<br><br>Banking ABA# <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (6)</div> Acct# <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (6)</div> | 1  | <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (4)</div> Month                        |                                 | <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 5px;">(b) (4)</div>   |
| (Use continuation sheet(s) if necessary)  |  |   |  |  |                                 | TOTAL   |
|   |  |   |  |  |                                 | 3,435,111.05  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR<br><br><div style="text-align: right;">=\$</div>   | EXCHANGE RATE<br><br><div style="text-align: right;">=\$1.00</div> | DIFFERENCES _____<br><br>_____<br><br>_____<br><br>Amount verified, correct for payment  |                                 | BY <sup>2</sup> _____<br><br>TITLE _____  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |   |  |  |                                 |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |   |  |  |                                 |   |
| ACCOUNTING CLASSIFICATION   |  |   |  |  |                                 |   |
|   |  |   |  |  |                                 |   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER _____ ON TREASURER OF THE UNITED STATES |   | CHECK NUMBER _____ ON (Name of bank)                               |  |                                 |   |
|   | CASH _____ DATE _____<br>\$ _____                    |   | PAYEE <sup>3</sup> _____   |  |                                 |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |   |  |  |                                 | FOR _____<br><br>TITLE _____  |

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|  |                                   |  |               |                                      |                   |                        |   |              |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|------------------------|---|--------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |   |              |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |   |              |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |   |              |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |                        |   |              |
| <b>PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS</b><br><br>(b) (6)   |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED  |   |              |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS         |   |              |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |   |              |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |   |              |
| SHIPPED FROM   |                                   |  |               | TO                                   |                   | WEIGHT                 |   |              |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |   |              |
|  |                                   |  |               | COST                                 | PER               | ( 1 )                  |   |              |
|  |                                   |  |               |                                      |                   | (b) (4)                |   |              |
| (Use continuation sheet(s) if necessary)   |                                   |  |               |                                      |                   |                        | <b>(Payee must NOT use the space below)</b> | <b>TOTAL</b> |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE |                                      | DIFFERENCES       |                        |   |              |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |                        |   |              |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |                        |   |              |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |                        |   |              |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |                        |   |              |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |                        |   |              |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |                        |   |              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |                        |   |              |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |                        |   |              |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |                        |   |              |
|  |                                   |  |               |                                      |                   |                        |   |              |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |   |              |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |   |              |
|  | \$                                |  |               |                                      |                   |                        |   |              |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      |                   | FOR                    |   |              |
|  |                                   |  |               |                                      |                   | TITLE                  |   |              |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7543946  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Yuma AZ 85365-5002

Invoice No: 7543949  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7543955  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 888-597-5601



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7543964  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7543959  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: 561-622-5656



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7543963  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

|  |                                   |  |               |                                      |                   |                        |  |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br><div>(b) (6)</div>  |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                                   |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)  |                                   |  |               |                                      |                   | TOTAL                  |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |                        |  |
|  |                                   |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      |                   | FOR                    |  |
|  |                                   |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7581235  
 Amount Due: (b) (4)  
 Invoice Date: 11/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 12/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Yuma AZ 85365-5002

Invoice No: 7581236  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7581239  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7581237  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7581238  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|  |                             |  |               |                                      |                   |                        |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                             | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |                             |  |               |                                      |                   |                        |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             |  |               |                                      |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |                        |  |
|  |                             |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                          |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|  |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7619200  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Yuma AZ 85365-5002

Invoice No: 7619201  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7619204  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 130846  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7619202  
Amount Due: (b) (4)  
Invoice Date: 1/10/2016  
Terms: Payment Due 30 Days  
Due Date: 2/9/2016  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 12/01/2015       | 12/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7619203  
Amount Due: (b) (4)  
Invoice Date: 1/10/2016  
Terms: Payment Due 30 Days  
Due Date: 2/9/2016  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 12/01/2015       | 12/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|   |                                   |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br><div>(b) (6)</div>   |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                                   |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                                   | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                                   |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|   |                                   |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |                                   |  |                                   |                             |                    | <b>TOTAL</b>                         |                   |
| PAYMENT:  |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                                   | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                                   | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                                   |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                                   |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                                   |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                                   | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                                   |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                                   |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                                   |  |                                   |                             |                    |                                      |                   |
|   |                                   |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                                   |  |                                   |                             |                    |                                      |                   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.  |                                   |  |                                   |                             |                    | FOR                                  |                   |
| <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  |                                   |  |                                   |                             |                    |                                      |                   |
| <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                                   |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7648103  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7648104  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7648107  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7648105  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7648106  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|   |                             |  |               |                                      |                   |   |  |              |
|---|-----------------------------|--|---------------|--------------------------------------|-------------------|---|--|--------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.                                 |  |              |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.                                |  |              |
|   |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                                     |  |              |
|   |                             |  |               | REQUISITION NUMBER AND DATE          |                   |   |  |              |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |               |                                      |                   | DATE INVOICE RECEIVED                       |  |              |
|   |                             |  |               |                                      |                   | DISCOUNT TERMS                              |  |              |
|   |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER                      |  |              |
|   |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER                       |  |              |
| SHIPPED FROM  |                             |  |               | TO                                   |                   | WEIGHT                                      |  |              |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                                      |  |              |
|   |                             |  |               | COST                                 | PER               | ( 1 )                                       |  |              |
|   |                             |  |               |                                      |                   | <div>(b) (4)</div>                          |  |              |
| (Use continuation sheet(s) if necessary)  |                             |  |               |                                      |                   | <b>(Payee must NOT use the space below)</b> |  | <b>TOTAL</b> |
| PAYMENT:  |                             | APPROVED FOR   | EXCHANGE RATE |                                      | DIFFERENCES       |   |  |              |
| <input type="checkbox"/> PROVISIONAL  |                             | = \$   | = \$1.00      |                                      |                   |   |  |              |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |               |                                      |                   |   |  |              |
| <input type="checkbox"/> PARTIAL  |                             |  |               |                                      |                   |   |  |              |
| <input type="checkbox"/> FINAL  |                             |  |               |                                      |                   |   |  |              |
| <input type="checkbox"/> PROGRESS   |                             |  |               | Amount verified; correct for payment |                   |   |  |              |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |               | (Signature or initials)              |                   |   |  |              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |               |                                      |                   |   |  |              |
| <div>(Date)</div> <div>(Authorized Certifying Officer)</div> <div>(Title)</div>   |                             |  |               |                                      |                   |   |  |              |
| ACCOUNTING CLASSIFICATION   |                             |  |               |                                      |                   |   |  |              |
|   |                             |  |               |                                      |                   |   |  |              |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |   |  |              |
|   | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |   |  |              |
|   | \$                          |  |               |                                      |                   |   |  |              |
| <div>1 When stated in foreign currency, insert name of currency.</div> <div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div> <div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div> |                             |  |               |                                      |                   | FOR   |  |              |
|   |                             |  |               |                                      |                   | TITLE                                       |  |              |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7678412  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7678413  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7678416  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7678414  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |



## INVOICE

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1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7678415  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|   |                             |  |                                   |                             |                    | (b) (4)                              |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <div><div><sup>1</sup> When stated in foreign currency, insert name of currency.</div><div><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |                                   |                             |                    | FOR                                  |                   |
|   |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7718351  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7718352  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

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1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7718355  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

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1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7718353  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

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1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7718354  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |                             |  |                                   |                             |                                      |   |                   |
|--|-----------------------------|--|-----------------------------------|-----------------------------|--------------------------------------|---|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                                      | VOUCHER NO.                                       |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |                                   | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.                                      |                   |
|  |                             |  |                                   | CONTRACT NUMBER AND DATE    |                                      | PAID BY   |                   |
|  |                             |  |                                   | REQUISITION NUMBER AND DATE |                                      |   |                   |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>   |                             |  |                                   |                             |                                      | DATE INVOICE RECEIVED                             |                   |
|  |                             |  |                                   |                             |                                      | DISCOUNT TERMS                                    |                   |
|  |                             |  |                                   |                             |                                      | PAYEE'S ACCOUNT NUMBER                            |                   |
|  |                             |  |                                   |                             |                                      | GOVERNMENT B/L NUMBER                             |                   |
| SHIPPED FROM   |                             | TO   |                                   | WEIGHT                      |                                      |   |                   |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-<br>TITY                     | UNIT PRICE                  |                                      | AMOUNT  |                   |
|  |                             |  |                                   | COST                        | PER                                  | ( 1 )   |                   |
|  |                             |  |                                   |                             |                                      | (b) (4)   |                   |
| (Use continuation sheet(s) if necessary)   |                             |  |                                   |                             |                                      | <b>(Payee must NOT use the space below) TOTAL</b> |                   |
| <div>PAYMENT:</div> <div><input type="checkbox"/> PROVISIONAL</div> <div><input type="checkbox"/> COMPLETE</div> <div><input type="checkbox"/> PARTIAL</div> <div><input type="checkbox"/> FINAL</div> <div><input type="checkbox"/> PROGRESS</div> <div><input type="checkbox"/> ADVANCE</div>  | APPROVED FOR                |  | EXCHANGE RATE                     |                             | DIFFERENCES                          |   |                   |
|  | =\$                         |  | =\$1.00                           |                             |                                      |   |                   |
|  | BY <sup>2</sup>             |  |                                   |                             |                                      |   |                   |
|  |                             |  |                                   |                             | Amount verified; correct for payment |   |                   |
|  | TITLE                       |  |                                   |                             | (Signature or initials)              |   |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |                                   |                             |                                      |   |                   |
| <div>(Date)</div> <div>(Authorized Certifying Officer)</div> <div>(Title)</div>  |                             |  |                                   |                             |                                      |   |                   |
| ACCOUNTING CLASSIFICATION  |                             |  |                                   |                             |                                      |   |                   |
|  |                             |  |                                   |                             |                                      |   |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER                         |   | ON (Name of bank) |
|  | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup>                   |   |                   |
| \$   |                             |  |                                   |                             |                                      |   |                   |
| <div><sup>1</sup> When stated in foreign currency, insert name of currency.</div> <div><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div> <div><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div> |                             |  |                                   |                             |                                      | FOR   |                   |
|  |                             |  |                                   |                             |                                      | TITLE   |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7754622  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: Yuma AZ 85365-5002

Invoice No: 7754623  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7754626  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7754624  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7754625  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |                                   |                             |                    | VOUCHER NO.  |  |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--|--|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                                       |  |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY  |  |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |  |  |
| PAYEE'S NAME AND ADDRESS<br><br><div style="background-color: black; color: red; font-size: 2em; padding: 10px; display: inline-block;">(b) (6)</div>   |                             |  |                                   | DATE INVOICE RECEIVED       |                    |  |  |
|   |                             |  |                                   | DISCOUNT TERMS              |                    |  |  |
|   |                             |  |                                   | PAYEE'S ACCOUNT NUMBER      |                    |  |  |
|   |                             |  |                                   | GOVERNMENT B/L NUMBER       |                    |  |  |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |                             |  |                                   |                             |                    |  |  |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-TITY                         | UNIT PRICE                  |                    | AMOUNT<br><span style="float: right;">( 1 )</span> |  |
|   |                             |  |                                   | COST                        | PER                |  |  |
|   |                             |  |                                   |                             |                    | (b) (4)  |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |                             |  |                                   |                             |                    | TOTAL  |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  | APPROVED FOR                |  | EXCHANGE RATE                     |                             | DIFFERENCES        |  |  |
|   | = \$                        |  | = \$1.00                          |                             |                    |  |  |
|   | BY <sup>2</sup>             |  |                                   |                             |                    |  |  |
|   |                             |  |                                   |                             |                    |  |  |
|   | TITLE                       |  | (Signature or initials)           |                             |                    |  |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |  |  |
| <div style="display: flex; justify-content: space-between;"> <span>_____ (Date)</span> <span>_____ (Authorized Certifying Officer)</span> <span>_____ (Title)</span> </div>   |                             |  |                                   |                             |                    |  |  |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |  |  |
|   |                             |  |                                   |                             |                    |  |  |
| PAID BY   | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |  |  |
|   | CASH                        |  | DATE                              |                             | ON (Name of bank)  |  |  |
|   | \$                          |  |                                   |                             | PAYEE <sup>3</sup> |  |  |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             | FOR                |  |  |
|   |                             |  |                                   |                             | TITLE              |  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7799760  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: Yuma AZ 85365-5002

Invoice No: 7799761  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7799764  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908  
Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7799762  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7799763  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

|   |                             |  |                                   |                             |                    |   |                   |              |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|---|-------------------|--------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                                 |                   |              |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                                |                   |              |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                                     |                   |              |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |   |                   |              |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                       |                   |              |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                              |                   |              |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER                      |                   |              |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                       |                   |              |
| SHIPPED FROM  |                             |  |                                   | TO                          |                    | WEIGHT                                      |                   |              |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY                         | UNIT PRICE                  |                    | AMOUNT                                      |                   |              |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                       |                   |              |
|   |                             |  |                                   |                             |                    | <div>(b) (4)</div>                          |                   |              |
| (Use continuation sheet(s) if necessary)  |                             |  |                                   |                             |                    | <b>(Payee must NOT use the space below)</b> |                   | <b>TOTAL</b> |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                                 |                   |              |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |   |                   |              |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |   |                   |              |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment        |                   |              |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |   |                   |              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |   |                   |              |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |   |                   |              |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |   |                   |              |
|   |                             |  |                                   |                             |                    |   |                   |              |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |   | ON (Name of bank) |              |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |   |                   |              |
| \$  |                             |  |                                   |                             |                    |   |                   |              |
| <div><div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div></div> |                             |  |                                   |                             |                    |   | FOR               |              |
|   |                             |  |                                   |                             |                    |   | TITLE             |              |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7834777  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7834778  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908  
Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7834781  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7834779  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |



INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908  
Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7834780  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

|  |  |  |                                |                             |                                      |                        |  |
|--|--|--|--------------------------------|-----------------------------|--------------------------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |  | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |                                |                             |                                      | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |  |  |                                | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.           |  |
|  |  |  |                                | CONTRACT NUMBER AND DATE    |                                      | PAID BY                |  |
|  |  |  |                                | REQUISITION NUMBER AND DATE |                                      |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |  |  |                                |                             |                                      | DATE INVOICE RECEIVED  |  |
|  |  |  |                                |                             |                                      | DISCOUNT TERMS         |  |
|  |  |  |                                |                             |                                      | PAYEE'S ACCOUNT NUMBER |  |
|  |  |  |                                |                             |                                      | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM TO WEIGHT   |  |  |                                |                             |                                      |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY                      | UNIT PRICE                  |                                      | AMOUNT                 |  |
|  |  |  |                                | COST                        | PER                                  | ( 1 )                  |  |
|  |  |  |                                |                             |                                      | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |  |  |                                |                             |                                      |                        |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE | APPROVED FOR                                   |  | EXCHANGE RATE                  |                             | DIFFERENCES                          |                        |  |
|  | BY <sup>2</sup>                                |  | =\$                            |                             | =\$1.00                              |                        |  |
|  | TITLE  |  |                                |                             | Amount verified; correct for payment |                        |  |
|  |  |  |                                |                             | (Signature or initials)              |                        |  |
|  |  |  |                                |                             |                                      |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |  |  |                                |                             |                                      |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |  |  |                                |                             |                                      |                        |  |
| ACCOUNTING CLASSIFICATION  |  |  |                                |                             |                                      |                        |  |
|  |  |  |                                |                             |                                      |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER ON (Name of bank) |                             |                                      |                        |  |
|  | CASH DATE                                      |  | PAYEE <sup>3</sup>             |                             |                                      |                        |  |
|  |  |  |                                |                             | FOR                                  |                        |  |
|  |  |  |                                |                             | TITLE                                |                        |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7878609  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7878614  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7878617  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7878615  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7878616  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

|  |                             |  |               |                                      |                   |   |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|---|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.                                       |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.                                      |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY   |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |   |  |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED                             |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS                                    |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER                            |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER                             |  |
| SHIPPED FROM   |                             |  |               | TO                                   |                   | WEIGHT  |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT  |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )   |  |
|  |                             |  |               |                                      |                   | (b) (4)   |  |
| (Use continuation sheet(s) if necessary)   |                             |  |               |                                      |                   | <b>(Payee must NOT use the space below) TOTAL</b> |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |   |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |   |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |   |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |   |  |
| <input type="checkbox"/> FINAL   |                             |  |               | Amount verified; correct for payment |                   |   |  |
| <input type="checkbox"/> PROGRESS  |                             | TITLE  |               | (Signature or initials)              |                   |   |  |
| <input type="checkbox"/> ADVANCE   |                             |  |               |                                      |                   |   |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |   |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |   |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |   |  |
|  |                             |  |               |                                      |                   |   |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |   |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |   |  |
|  | \$                          |  |               |                                      |                   |   |  |
| <div><sup>1</sup> When stated in foreign currency, insert name of currency.<br/><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br/><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div> |                             |  |               |                                      |                   | FOR   |  |
|  |                             |  |               |                                      |                   | TITLE   |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7904996  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7904997  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7905000  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

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1395 University Blvd | Jupiter FL 33458



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Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7904998  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

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Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7904999  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Bus Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY                         | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|   |                             |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.  |                             |  |                                   |                             |                    | FOR                                  |                   |
| <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7543970  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7543969  
Amount Due: (b) (4)  
Invoice Date: 10/31/2015  
Terms: Payment Due 30 Days  
Due Date: 11/30/2015  
Customer ID: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 10/01/2015       | 10/31/2015     | 1.00            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)



## INVOICE

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Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7543972  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

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G4S Secure Solutions (USA) Inc

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Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7543965  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

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Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Laredo TX 78041-2204

Invoice No: 7543971  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |               |
| Van Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: San Benito TX 78586-7777

Invoice No: 7543968  
 Amount Due: (b) (4)  
 Invoice Date: 10/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 11/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 10/01/2015       | 10/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|   |                                   |  |                                   |                             |                    |                                      |                     |
|---|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|---------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                     |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                     |
|   |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                     |
|   |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                     |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)  |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                     |
|   |                                   |  |                                   |                             |                    | DISCOUNT TERMS                       |                     |
|   |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                     |
|   |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                     |
| SHIPPED FROM  |                                   |  |                                   | TO                          |                    | WEIGHT                               |                     |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> |                                   | QUAN-<br>TITY               | UNIT PRICE         |                                      | AMOUNT<br><br>( 1 ) |
|   |                                   |  |                                   |                             | COST               | PER                                  |                     |
|   |                                   |  |                                   |                             |                    |                                      | (b) (4)             |
| (Use continuation sheet(s) if necessary)  |                                   |  |                                   |                             |                    |                                      |                     |
| (Payee must NOT use the space below)  |                                   |  |                                   |                             |                    | TOTAL                                |                     |
| PAYMENT:  |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                     |
| <input type="checkbox"/> PROVISIONAL  |                                   | =\$  |                                   | =\$1.00                     |                    |                                      |                     |
| <input type="checkbox"/> COMPLETE   |                                   | BY <sup>2</sup>  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> PARTIAL  |                                   |  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> FINAL  |                                   |  |                                   |                             |                    |                                      |                     |
| <input type="checkbox"/> PROGRESS   |                                   |  |                                   |                             |                    | Amount verified; correct for payment |                     |
| <input type="checkbox"/> ADVANCE  |                                   | TITLE  |                                   | (Signature or initials)     |                    |                                      |                     |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                                   |  |                                   |                             |                    |                                      |                     |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                                   |  |                                   |                             |                    |                                      |                     |
| ACCOUNTING CLASSIFICATION   |                                   |  |                                   |                             |                    |                                      |                     |
|   |                                   |  |                                   |                             |                    |                                      |                     |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank)   |
|   | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                     |
| \$  |                                   |  |                                   |                             |                    |                                      |                     |
| <div><div><sup>1</sup> When stated in foreign currency, insert name of currency.</div><div><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                                   |                             |                    | FOR                                  |                     |
|   |                                   |  |                                   |                             |                    | TITLE                                |                     |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7581243  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7581242  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 11/01/2015       | 11/30/2015     | 1.00            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7581245  
 Amount Due: (b) (4)  
 Invoice Date: 11/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 12/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7581240  
 Amount Due: (b) (4)  
 Invoice Date: 11/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 12/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7581244  
Amount Due: (b) (4)  
Invoice Date: 11/30/2015  
Terms: Payment Due 30 Days  
Due Date: 12/30/2015  
Customer ID: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |               |
| Van Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: San Benito TX 78586-7777

Invoice No: 7581241  
 Amount Due: (b) (4)  
 Invoice Date: 11/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 12/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 11/01/2015       | 11/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

|  |                             |  |               |                                      |                   |                        |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM TO WEIGHT   |                             |  |               |                                      |                   |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY     | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |                             |  |               |                                      |                   |                        |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |                        |  |
|  |                             |  |               |                                      |                   |                        |  |
| PAID BY  | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                          |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|  |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7619208  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106776  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7619207  
Amount Due: (b) (4)  
Invoice Date: 1/10/2016  
Terms: Payment Due 30 Days  
Due Date: 2/9/2016  
Customer ID: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7619210  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 130846  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7619205  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Laredo TX 78041-2204

Invoice No: 7619209  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: San Benito TX 78586-7777

Invoice No: 7619206  
 Amount Due: (b) (4)  
 Invoice Date: 1/10/2016  
 Terms: Payment Due 30 Days  
 Due Date: 2/9/2016  
 Customer ID: 106774  
 PO Number: HSBP1015J00730

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 12/01/2015       | 12/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY                         | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|   |                             |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.  |                             |  |                                   |                             |                    | FOR                                  |                   |
| <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7648111  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |

Subtotal

Invoice Total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Chula Vista CA 91914-3519

Invoice No: 7648110  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7648113  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7648108  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7648112  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7648109  
Amount Due: (b) (4)  
Invoice Date: 02/07/2016  
Terms: Payment Due 30 Days  
Due Date: 03/08/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 01/01/2016       | 01/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |                                   |  |                         |                                      |                   |                        |  |
|--|-----------------------------------|--|-------------------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                         |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |                         | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |                         | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |                         | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br><div>(b) (6)</div>  |                                   |  |                         |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |                         |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |                         |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |                         |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   | TO   |                         | WEIGHT                               |                   |                        |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY           | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |                         | COST                                 | PER               | ( 1 )                  |  |
|  |                                   |  |                         |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>   |                                   |  |                         |                                      |                   | <b>TOTAL</b>           |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE           | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00                |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |                         |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |                         |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |                         | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   | TITLE  | (Signature or initials) |                                      |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   |  |                         |                                      |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |                         |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |                         |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |                         |                                      |                   |                        |  |
|  |                                   |  |                         |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |                         | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |                         | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |                         |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                         |                                      |                   | FOR                    |  |
|  |                                   |  |                         |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7678420  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: Chula Vista CA 91914-3519

Invoice No: 7678419  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7678422  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7678417  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7678421  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service: (b) (6)

Location: San Benito TX 78586-7777

Invoice No: 7678418  
Amount Due: (b) (4)  
Invoice Date: 02/29/2016  
Terms: Payment Due 30 Days  
Due Date: 03/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 02/01/2016       | 02/29/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |

Subtotal

Invoice Total

(b) (4)



|  |  |  |                                |                             |                                      |                        |  |
|--|--|--|--------------------------------|-----------------------------|--------------------------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |  | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                |                             |                                      | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |  |  |                                | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.           |  |
|  |  |  |                                | CONTRACT NUMBER AND DATE    |                                      | PAID BY                |  |
|  |  |  |                                | REQUISITION NUMBER AND DATE |                                      |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |  |  |                                |                             |                                      | DATE INVOICE RECEIVED  |  |
|  |  |  |                                |                             |                                      | DISCOUNT TERMS         |  |
|  |  |  |                                |                             |                                      | PAYEE'S ACCOUNT NUMBER |  |
|  |  |  |                                |                             |                                      | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM TO WEIGHT   |  |  |                                |                             |                                      |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                  | UNIT PRICE                  |                                      | AMOUNT                 |  |
|  |  |  |                                | COST                        | PER                                  | ( 1 )                  |  |
|  |  |  |                                |                             |                                      | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |  |  |                                |                             |                                      |                        |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE   | APPROVED FOR                                   |  | EXCHANGE RATE                  |                             | DIFFERENCES                          |                        |  |
|  | = \$   |  | = \$1.00                       |                             |                                      |                        |  |
|  | BY <sup>2</sup>                                |  |                                |                             |                                      |                        |  |
|  |  |  |                                |                             | Amount verified; correct for payment |                        |  |
|  | TITLE  |  |                                |                             | (Signature or initials)              |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |  |  |                                |                             |                                      |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |  |  |                                |                             |                                      |                        |  |
| ACCOUNTING CLASSIFICATION  |  |  |                                |                             |                                      |                        |  |
|  |  |  |                                |                             |                                      |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER ON (Name of bank) |                             |                                      |                        |  |
|  | CASH DATE                                      |  | PAYEE <sup>3</sup>             |                             |                                      |                        |  |
| \$   |  |  |                                |                             |                                      |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |  |  |                                |                             |                                      | FOR                    |  |
|  |  |  |                                |                             |                                      | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7718359  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7718358  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7718365  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7718356  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7718362  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7718357  
Amount Due: (b) (4)  
Invoice Date: 04/03/2016  
Terms: Payment Due 30 Days  
Due Date: 05/03/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 03/01/2016       | 03/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |                                   |  |               |                                      |                   |                        |  |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>   |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                                   |  |               |                                      |                   | (b) (4)                |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)  |                                   |  |               |                                      |                   | TOTAL                  |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |                        |  |
|  |                                   |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      |                   | FOR                    |  |
|  |                                   |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7754629  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    |         | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|---------|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |

Subtotal

Invoice Total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7754645  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7754647  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7754643  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7754646  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7754644  
Amount Due: (b) (4)  
Invoice Date: 05/02/2016  
Terms: Payment Due 30 Days  
Due Date: 06/01/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 04/01/2016       | 04/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|   |                                   |  |                                   |                             |                    |                                      |   |              |
|---|-----------------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|---|--------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |   |              |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                                   |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |   |              |
|   |                                   |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |   |              |
|   |                                   |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |   |              |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)  |                                   |  |                                   |                             |                    | DATE INVOICE RECEIVED                |   |              |
|   |                                   |  |                                   |                             |                    | DISCOUNT TERMS                       |   |              |
|   |                                   |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |   |              |
|   |                                   |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |   |              |
| SHIPPED FROM  |                                   |  |                                   | TO                          |                    | WEIGHT                               |   |              |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |   |              |
|   |                                   |  |                                   | COST                        | PER                | ( 1 )                                |   |              |
|   |                                   |  |                                   |                             |                    | (b) (4)                              |   |              |
| (Use continuation sheet(s) if necessary)  |                                   |  |                                   |                             |                    |                                      | <b>(Payee must NOT use the space below)</b> | <b>TOTAL</b> |
| PAYMENT:  |                                   | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |   |              |
| <input type="checkbox"/> PROVISIONAL  |                                   | =\$  |                                   | =\$1.00                     |                    |                                      |   |              |
| <input type="checkbox"/> COMPLETE   |                                   | BY <sup>2</sup>  |                                   |                             |                    |                                      |   |              |
| <input type="checkbox"/> PARTIAL  |                                   |  |                                   |                             |                    |                                      |   |              |
| <input type="checkbox"/> FINAL  |                                   |  |                                   |                             |                    |                                      |   |              |
| <input type="checkbox"/> PROGRESS   |                                   |  |                                   |                             |                    | Amount verified; correct for payment |   |              |
| <input type="checkbox"/> ADVANCE  |                                   | TITLE  |                                   | (Signature or initials)     |                    |                                      |   |              |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                                   |  |                                   |                             |                    |                                      |   |              |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                                   |  |                                   |                             |                    |                                      |   |              |
| ACCOUNTING CLASSIFICATION   |                                   |  |                                   |                             |                    |                                      |   |              |
|   |                                   |  |                                   |                             |                    |                                      |   |              |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                      |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank)                           |              |
|   | CASH                              |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |   |              |
| \$  |                                   |  |                                   |                             |                    |                                      |   |              |
| <div><div><div><div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div></div><div>FOR</div></div></div> |                                   |  |                                   |                             |                    |                                      |   |              |
|   |                                   |  |                                   |                             |                    |                                      | TITLE                                       |              |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7799765  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    |         | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|---------|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |

Subtotal

Invoice Total

(b) (4)

EMAIL / CBP-VAN

Page 1 of 1

PI-4261955;CONS-000000;BU-00001;DEPT-BPA;CUST-106776;ADR-1;PROJECT-0117831;INV#-7799765;SORT-2,932;SEQ-1  
"Border Patrol HQR Billing" (b) (6)



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7799768  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7799770  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Del Rio TX 78840-8004

Invoice No: 7799766  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7799769  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7799767  
Amount Due: (b) (4)  
Invoice Date: 06/12/2016  
Terms: Payment Due 30 Days  
Due Date: 07/12/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 05/01/2016       | 05/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |                                   |  |               |                                      |                   |                        |  |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   |  |               | TO                                   |                   | WEIGHT                 |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                                   |  |               |                                      |                   | (b) (4)                |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |                                   |  |               |                                      |                   |                        |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |                        |  |
|  |                                   |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      |                   | FOR                    |  |
|  |                                   |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7834782  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    |         | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|---------|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |    |         |                    |
| Van Fuel         |                | 1.00            | at | (b) (4) | (b) (4)            |
| Subtotal         |                |                 |    |         | (b) (4)            |
| Invoice Total    |                |                 |    |         | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service

Location: Chula Vista CA 91914-3519

Invoice No: 7834785  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7834787  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7834783  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7834786  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908

Indianapolis IN 46268-0908

Service

Location: (b) (6)  
San Benito TX 78586-7777

Invoice No: 7834784  
Amount Due: (b) (4)  
Invoice Date: 07/10/2016  
Terms: Payment Due 30 Days  
Due Date: 08/09/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 06/01/2016       | 06/30/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

|  |                             |  |               |                                      |                   |                        |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                             | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN- TITY    | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |                             |  |               |                                      |                   |                        |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |                        |  |
|  |                             |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                          |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|  |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7878618  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7878621  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) (b) (4) |
| Subtotal         |                |                 | (b) (4)            |
| Invoice Total    |                |                 | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7878623  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7878619  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7878622  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7878620  
Amount Due: (b) (4)  
Invoice Date: 08/07/2016  
Terms: Payment Due 30 Days  
Due Date: 09/06/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 07/01/2016       | 07/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |  |  |                                |                             |                                      |                        |  |
|--|--|--|--------------------------------|-----------------------------|--------------------------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |  | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                |                             |                                      | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |  |  |                                | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.           |  |
|  |  |  |                                | CONTRACT NUMBER AND DATE    |                                      | PAID BY                |  |
|  |  |  |                                | REQUISITION NUMBER AND DATE |                                      |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |  |  |                                |                             |                                      | DATE INVOICE RECEIVED  |  |
|  |  |  |                                |                             |                                      | DISCOUNT TERMS         |  |
|  |  |  |                                |                             |                                      | PAYEE'S ACCOUNT NUMBER |  |
|  |  |  |                                |                             |                                      | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |  | TO   |                                | WEIGHT                      |                                      |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                  | UNIT PRICE                  |                                      | AMOUNT                 |  |
|  |  |  |                                | COST                        | PER                                  | ( 1 )                  |  |
|  |  |  |                                |                             |                                      | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |  |  |                                |                             |                                      |                        |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE   | APPROVED FOR                                   |  | EXCHANGE RATE                  |                             | DIFFERENCES                          |                        |  |
|  | = \$   |  | = \$1.00                       |                             |                                      |                        |  |
|  | BY <sup>2</sup>                                |  |                                |                             |                                      |                        |  |
|  |  |  |                                |                             | Amount verified; correct for payment |                        |  |
|  | TITLE  |  |                                |                             | (Signature or initials)              |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |  |  |                                |                             |                                      |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |  |  |                                |                             |                                      |                        |  |
| ACCOUNTING CLASSIFICATION  |  |  |                                |                             |                                      |                        |  |
|  |  |  |                                |                             |                                      |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER ON (Name of bank) |                             |                                      |                        |  |
|  | CASH DATE                                      |  | PAYEE <sup>3</sup>             |                             |                                      |                        |  |
| \$   |  |  |                                |                             |                                      |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |  |  |                                |                             |                                      | FOR                    |  |
|  |  |  |                                |                             |                                      | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7905001  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106776  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7905006  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106778  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
|                  |                |                 |    | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |

INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7905008  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 130846  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Del Rio TX 78840-8004

Invoice No: 7905002  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |    | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|----|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |    |                    |
| Van Fuel         |                | 1.00            | at | (b) (4)            |
| Subtotal         |                |                 |    | (b) (4)            |
| Invoice Total    |                |                 |    | (b) (4)            |



## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7905007  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

## INVOICE

G4S Secure Solutions (USA) Inc.  
1395 University Blvd | Jupiter FL 33458



Website: www.g4s.com/us

Contact Us: (b) (6)

Federal ID: (b) (3) (A)

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7905005  
Amount Due: (b) (4)  
Invoice Date: 08/31/2016  
Terms: Payment Due 30 Days  
Due Date: 09/30/2016  
Customer No: 106774  
PO Number: HSBP1015J00730

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description:

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount (\$)</u> |
|------------------|----------------|-----------------|------------|--------------------|
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| 08/01/2016       | 08/31/2016     | 1.00            |            |                    |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)            |
| Subtotal         |                |                 |            | (b) (4)            |
| Invoice Total    |                |                 |            | (b) (4)            |

|  |                                   |  |               |                                      |                   |   |  |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|---|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.                                       |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.                                      |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY   |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |   |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED                             |  |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS                                    |  |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER                            |  |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER                             |  |
| SHIPPED FROM   |                                   |  |               | TO                                   |                   | WEIGHT  |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT  |  |
|  |                                   |  |               | COST                                 | PER               | ( 1 )   |  |
|  |                                   |  |               |                                      |                   | (b) (4)   |  |
| (Use continuation sheet(s) if necessary)   |                                   |  |               |                                      |                   | <b>(Payee must NOT use the space below) TOTAL</b> |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |   |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |   |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |   |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |   |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |   |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |   |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |   |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |   |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |   |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |   |  |
|  |                                   |  |               |                                      |                   |   |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |   |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |   |  |
|  | \$                                |  |               |                                      |                   |   |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      | FOR               |   |  |
|  |                                   |  |               |                                      | TITLE             |   |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7273423  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7273424  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 01/01/2015       | 01/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Chula Vista CA 91914-3519

Invoice No: 7273425  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 01/01/2015       | 01/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7273429  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 01/01/2015       | 01/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Del Rio TX 78840-8004

Invoice No: 7273426  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7273427  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 01/01/2015       | 01/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service Ste E  
Location: (b) (6)  
San Benito TX 78586-7777

Invoice No: 7273428  
Amount Due: (b) (4)  
Invoice Date: 2/8/2015  
Terms: Payment Due 30 Days  
Due Date: 3/10/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 01/01/2015       | 01/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|  |                                   |  |                         |                                      |                   |                        |  |
|--|-----------------------------------|--|-------------------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                         |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |                         | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |                         | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |                         | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |                         |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |                         |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |                         |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |                         |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   |  |                         | TO                                   |                   | WEIGHT                 |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</i> | QUAN-<br>TITY           | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |                         | COST                                 | PER               | ( 1 )                  |  |
|  |                                   |  |                         |                                      |                   | (b) (4)                |  |
|  |                                   |  |                         |                                      |                   |                        |  |
|  |                                   |  |                         |                                      |                   |                        |  |
|  |                                   |  |                         |                                      |                   |                        |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |                                   |  |                         |                                      |                   |                        |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE           | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00                |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |                         |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |                         |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |                         |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |                         | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  | (Signature or initials) |                                      |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |                         |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |                         |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |                         |                                      |                   |                        |  |
|  |                                   |  |                         |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |                         | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |                         | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |                         |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |                         |                                      |                   | FOR                    |  |
|  |                                   |  |                         |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7273436  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Chula Vista CA 91914-3519

Invoice No: 7273435  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: El Paso TX 79925-1212

Invoice No: 7273439  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7273430  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Laredo TX 78041-2204

Invoice No: 7273431  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service Ste E

Location: (b) (6)

San Benito TX 78586-7777

Invoice No: 7273432  
 Amount Due: (b) (4)  
 Invoice Date: 2/8/2015  
 Terms: Payment Due 30 Days  
 Due Date: 3/10/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 01/01/2015       | 01/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

|  |                             |  |               |   |                   |                        |  |
|--|-----------------------------|--|---------------|---|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |   |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                       |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE                    |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE                 |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |   |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |   |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |   |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |   |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                             |  |               | TO  |                   | WEIGHT                 |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                                  |                   | AMOUNT                 |  |
|  |                             |  |               | COST  | PER               | ( 1 )                  |  |
| (b) (4)  |                             | (b) (4)  |               | (b) (4)                                     |                   | (b) (4)                |  |
| (b) (3) (A)  |                             |  |               |   |                   |                        |  |
| (Use continuation sheet(s) if necessary)   |                             |  |               | <b>(Payee must NOT use the space below)</b> |                   | <b>TOTAL</b>           |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                                 |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |   |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |   |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |   |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               |   |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             |  |               | Amount verified; correct for payment        |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |               | (Signature or initials)                     |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |   |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |   |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |   |                   |                        |  |
|  |                             |  |               |   |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                                | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                          |                   |                        |  |
|  | \$                          |  |               |   |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |   |                   | FOR                    |  |
|  |                             |  |               |   |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |   |                                      |  |  |   |
|---|--|---|--------------------------------------|--|--|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |                                      |  | VOUCHER NO.<br><br>7251512-CONS  |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |   |                                      | DATE VOUCHER PREPARED<br>02/11/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |  | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <b>PAYEE'S NAME AND ADDRESS</b> </div> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 5px;">             G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> </div> </div> <div style="width: 20%; text-align: right;"> </div> </div>  |  |   |                                      |  |  |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |   |                                      |  |  |   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE                          | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>  | QUANTITY                             | UNIT PRICE<br>COST      PER  | AMOUNT<br>( 1 )  |   |
| <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (4)</div> TAS# 7030530   | 1/1 -<br>1/31/15                                     | <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (4)</div> Yuma Sector<br><br>In the event of questions on this invoice contact<br><div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> Manager Contract Compliance<br>at address above or at <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> By<br>submission of this invoice, <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div><br>certifies that the costs contained in this invoice<br>are accurate and complete.<br><br>Banking ABA# <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> Acct# <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> | 1                                    | <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (4)</div> Month                     | <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (4)</div> |   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |  |   |                                      |  | 3,425,083.45   |   |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR<br><br>BY <sup>2</sup> _____<br><br>TITLE _____  | EXCHANGE RATE<br>= \$ _____ = \$1.00 | DIFFERENCES _____<br><br>_____<br><br>Amount verified, correct for payment<br>(Signature or initials) _____                                    |  |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |   |                                      |  |  |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |   |                                      |  |  |   |
| ACCOUNTING CLASSIFICATION   |  |   |                                      |  |  |   |
|   |  |   |                                      |  |  |   |
| PAID<br><br>BY  | CHECK NUMBER _____ ON TREASURER OF THE UNITED STATES |   | CHECK NUMBER _____ ON (Name of bank) |  |  |   |
|   | CASH _____ DATE _____ \$ _____                       |   | PAYEE <sup>3</sup> _____             |  |  |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |   |                                      |  | FOR<br><br>TITLE   |   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|  |                                   |  |               |   |                   |                        |  |
|--|-----------------------------------|--|---------------|---|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |   |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                       |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE                    |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE                 |                   |                        |  |
| PAYEE'S<br>NAME<br>AND<br>ADDRESS<br><br>(b) (6)   |                                   |  |               |   |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |   |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |   |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |   |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   |  |               | TO  |                   | WEIGHT                 |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</small> | QUAN-<br>TITY | UNIT PRICE                                  |                   | AMOUNT                 |  |
|  |                                   |  |               | COST  | PER               | ( 1 )                  |  |
| (b) (4)  |                                   | (b) (4)  |               | (b) (4)                                     |                   | (b) (4)                |  |
| (b) (3) (A)  |                                   |  |               |   |                   |                        |  |
| (Use continuation sheet(s) if necessary)   |                                   |  |               | <b>(Payee must NOT use the space below)</b> |                   | <b>TOTAL</b>           |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                                 |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |   |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |   |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |   |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |   |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment        |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)                     |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |   |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |   |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |   |                   |                        |  |
|  |                                   |  |               |   |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                                | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                          |                   |                        |  |
|  | \$                                |  |               |   |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |   | FOR               |                        |  |
|  |                                   |  |               |   | TITLE             |                        |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|  |                             |   |   |  |   |   |                   |
|--|-----------------------------|---|---|--|---|---|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |   |  | VOUCHER NO.<br><br>7441728-CONS                       |   |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908   |                             |   |   | DATE VOUCHER PREPARED<br>08/25/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |   | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |                   |
| PAYEE'S NAME AND ADDRESS<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-weight: bold; padding: 5px; text-align: center;">(b) (6)</div> </div> |                             |   |   |  |   |   |                   |
| SHIPPED FROM   |                             | TO  |   | WEIGHT   |   | GOVERNMENT B/L NUMBER   |                   |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>  | QUAN-TITY   | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"><div>COST</div><div>PER</div></div>                                  | AMOUNT<br><div style="text-align: right;">( 1 )</div> |   |                   |
| (b) (4)<br><br>TAS# 7030530  | 7/1 - 7/31/15               | (b) (4) Yuma Sector<br><br>In the event of questions on this invoice contact (b) (6) Manager Contract Compliance at address above or at (b) (6). By submission of this invoice, (b) (6) certifies that the costs contained in this invoice are accurate and complete.<br><br>Banking ABA# (b) (6) Acct# (b) (6) | 1   | (b) (4) Month  | (b) (4)   |   |                   |
| (Use continuation sheet(s) if necessary)   |                             |   |   |  | TOTAL   |   | 3,610,869.36      |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE   |                             | APPROVED FOR<br><div style="text-align: right;">=\$</div> <hr/> BY <sup>2</sup><br><hr/> TITLE  | EXCHANGE RATE<br><div style="text-align: right;">=\$1.00</div> <hr/> Amount verified, correct for payment | DIFFERENCES<br><hr/> <hr/> (Signature or initials)   |   |   |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |   |   |  |   |   |                   |
| (Date)   |                             | (Authorized Certifying Officer)   |   |  | (Title)   |   |                   |
| ACCOUNTING CLASSIFICATION  |                             |   |   |  |   |   |                   |
|  |                             |   |   |  |   |   |                   |
| PAID BY  | CHECK NUMBER                |   | ON TREASURER OF THE UNITED STATES   |  | CHECK NUMBER  |   | ON (Name of bank) |
|  | CASH                        |   | DATE  |  | PAYEE <sup>3</sup>                                    |   |                   |
|  |                             |   |   |  |   | FOR   |                   |
|  |                             |   |   |  |   | TITLE   |                   |

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PRIVACY ACT STATEMENT

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|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN- TITY                        | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
|   |                             |  |                                   |                             |                    | <div>(b) (4)</div>                   |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.  |                             |  |                                   |                             |                    | FOR                                  |                   |
| <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  |                             |  |                                   |                             |                    |                                      |                   |
| <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             |                    | TITLE                                |                   |

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## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7447958  
 Amount Due: (b) (4)  
 Invoice Date: 7/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 8/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7447959  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 07/01/2015       | 07/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7447960  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 07/01/2015       | 07/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7447963  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 07/01/2015       | 07/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7447961  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: 2402 W Hwy 77  
San Benito TX 78586-7777

Invoice No: 7447962  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 07/01/2015       | 07/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|   |  |  |                                |                             |                                      |                        |  |
|---|--|--|--------------------------------|-----------------------------|--------------------------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                |                             |                                      | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |  |  |                                | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.           |  |
|   |  |  |                                | CONTRACT NUMBER AND DATE    |                                      | PAID BY                |  |
|   |  |  |                                | REQUISITION NUMBER AND DATE |                                      |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |  |  |                                |                             |                                      | DATE INVOICE RECEIVED  |  |
|   |  |  |                                |                             |                                      | DISCOUNT TERMS         |  |
|   |  |  |                                |                             |                                      | PAYEE'S ACCOUNT NUMBER |  |
|   |  |  |                                |                             |                                      | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM TO WEIGHT  |  |  |                                |                             |                                      |                        |  |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                  | UNIT PRICE                  |                                      | AMOUNT                 |  |
|   |  |  |                                | COST                        | PER                                  | ( 1 )                  |  |
|   |  |  |                                |                             |                                      | <div>(b) (4)</div>     |  |
|   |  |  |                                |                             |                                      |                        |  |
|   |  |  |                                |                             |                                      |                        |  |
|   |  |  |                                |                             |                                      |                        |  |
|   |  |  |                                |                             |                                      |                        |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL   |  |  |                                |                             |                                      |                        |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  | APPROVED FOR                                   |  | EXCHANGE RATE                  |                             | DIFFERENCES                          |                        |  |
|   | = \$   |  | = \$1.00                       |                             |                                      |                        |  |
|   | BY <sup>2</sup>                                |  |                                |                             |                                      |                        |  |
|   |  |  |                                |                             | Amount verified; correct for payment |                        |  |
|   | TITLE  |  |                                |                             | (Signature or initials)              |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |  |                                |                             |                                      |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |  |  |                                |                             |                                      |                        |  |
| ACCOUNTING CLASSIFICATION   |  |  |                                |                             |                                      |                        |  |
|   |  |  |                                |                             |                                      |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER ON TREASURER OF THE UNITED STATES |  | CHECK NUMBER ON (Name of bank) |                             |                                      |                        |  |
|   | CASH DATE                                      |  | PAYEE <sup>3</sup>             |                             |                                      |                        |  |
| \$  |  |  |                                |                             |                                      |                        |  |
| <div>1 When stated in foreign currency, insert name of currency.<br/>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br/>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div> |  |  |                                |                             |                                      | FOR                    |  |
|   |  |  |                                |                             |                                      | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7447967  
 Amount Due: (b) (4)  
 Invoice Date: 7/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 8/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7447966  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7447969  
 Amount Due: (b) (4)  
 Invoice Date: 7/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 8/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7447964  
 Amount Due: (b) (4)  
 Invoice Date: 7/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 8/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7447968  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |               |
| Van Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: 2402 W Hwy 77  
San Benito TX 78586-7777

Invoice No: 7447965  
Amount Due: (b) (4)  
Invoice Date: 7/31/2015  
Terms: Payment Due 30 Days  
Due Date: 8/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 07/01/2015       | 07/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

|  |                             |  |                                   |                             |                    |   |                   |
|--|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|---|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121 |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                                 |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                                |                   |
|  |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                                     |                   |
|  |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |   |                   |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>   |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                       |                   |
|  |                             |  |                                   |                             |                    | DISCOUNT TERMS                              |                   |
|  |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER                      |                   |
|  |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                       |                   |
| SHIPPED FROM   |                             |  |                                   | TO                          |                    | WEIGHT                                      |                   |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                                      |                   |
|  |                             |  |                                   | COST                        | PER                | ( 1 )                                       |                   |
|  |                             |  |                                   |                             |                    | (b) (4)                                     |                   |
| (Use continuation sheet(s) if necessary)   |                             |  |                                   |                             |                    | <b>(Payee must NOT use the space below)</b> |                   |
| PAYMENT:   |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | TOTAL                                       |                   |
| <input type="checkbox"/> PROVISIONAL   |                             | =\$  |                                   | =\$1.00                     |                    | DIFFERENCES                                 |                   |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |                                   |                             |                    |   |                   |
| <input type="checkbox"/> PARTIAL   |                             |  |                                   |                             |                    |   |                   |
| <input type="checkbox"/> FINAL   |                             |  |                                   |                             |                    |   |                   |
| <input type="checkbox"/> PROGRESS  |                             |  |                                   |                             |                    | Amount verified; correct for payment        |                   |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |                                   | (Signature or initials)     |                    |   |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |                                   |                             |                    |   |                   |
| <div>(Date)</div> <div>(Authorized Certifying Officer)</div> <div>(Title)</div>                      |                             |  |                                   |                             |                    |   |                   |
| ACCOUNTING CLASSIFICATION  |                             |  |                                   |                             |                    |   |                   |
|  |                             |  |                                   |                             |                    |   |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |   | ON (Name of bank) |
|  | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |   |                   |
|  |                             |  |                                   |                             |                    | FOR   |                   |
|  |                             |  |                                   |                             |                    | TITLE                                       |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7418860  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7418861  
Amount Due: (b) (4)  
Invoice Date: 6/30/2015  
Terms: Payment Due 30 Days  
Due Date: 7/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 06/01/2015       | 06/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7418862  
Amount Due: (b) (4)  
Invoice Date: 6/30/2015  
Terms: Payment Due 30 Days  
Due Date: 7/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7418865  
Amount Due: (b) (4)  
Invoice Date: 6/30/2015  
Terms: Payment Due 30 Days  
Due Date: 7/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 06/01/2015       | 06/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7418863  
Amount Due: (b) (4)  
Invoice Date: 6/30/2015  
Terms: Payment Due 30 Days  
Due Date: 7/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 06/01/2015       | 06/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: 2402 W Hwy 77  
San Benito TX 78586-7777

Invoice No: 7418864  
Amount Due: (b) (4)  
Invoice Date: 6/30/2015  
Terms: Payment Due 30 Days  
Due Date: 7/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 06/01/2015       | 06/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|   |                             |  |                                   |                             |                                      |                 |  |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------------------------|-----------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |                                   |                             |                                      | VOUCHER NO.     |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.    |  |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                                      | PAID BY         |  |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                                      |                 |  |
| PAYEE'S NAME AND ADDRESS<br><div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (6)</div>  |                             |  |                                   | DATE INVOICE RECEIVED       |                                      |                 |  |
|   |                             |  |                                   | DISCOUNT TERMS              |                                      |                 |  |
|   |                             |  |                                   | PAYEE'S ACCOUNT NUMBER      |                                      |                 |  |
|   |                             |  |                                   | GOVERNMENT B/L NUMBER       |                                      |                 |  |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                                      |                 |  |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-TITY                         | UNIT PRICE                  |                                      | AMOUNT<br>( 1 ) |  |
|   |                             |  |                                   | COST                        | PER                                  |                 |  |
|   |                             |  |                                   |                             |                                      | (b) (4)         |  |
|   |                             |  |                                   |                             |                                      |                 |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |                             |  |                                   |                             |                                      | TOTAL           |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  | APPROVED FOR                |  | EXCHANGE RATE                     |                             | DIFFERENCES                          |                 |  |
|   | =\$                         |  | =\$1.00                           |                             |                                      |                 |  |
|   | BY <sup>2</sup>             |  |                                   |                             |                                      |                 |  |
|   |                             |  |                                   |                             |                                      |                 |  |
|   | TITLE                       |  |                                   |                             | Amount verified; correct for payment |                 |  |
|   |                             |  |                                   | (Signature or initials)     |                                      |                 |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                                      |                 |  |
| <div style="display: flex; justify-content: space-between;"> <span>_____ (Date)</span> <span>_____ (Authorized Certifying Officer)</span> <span>_____ (Title)</span> </div>   |                             |  |                                   |                             |                                      |                 |  |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                                      |                 |  |
|   |                             |  |                                   |                             |                                      |                 |  |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER                         |                 |  |
|   | CASH                        |  | DATE                              |                             | ON (Name of bank)                    |                 |  |
|   | \$                          |  |                                   |                             | PAYEE <sup>3</sup>                   |                 |  |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             | FOR                                  |                 |  |
|   |                             |  |                                   |                             | TITLE                                |                 |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7418873  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Chula Vista CA 91914-3519

Invoice No: 7418869  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7418874  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Del Rio TX 78840-8004

Invoice No: 7418866  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Laredo TX 78041-2204

Invoice No: 7418867  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: 2402 W Hwy 77  
 San Benito TX 78586-7777

Invoice No: 7418868  
 Amount Due: (b) (4)  
 Invoice Date: 6/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 7/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 06/01/2015       | 06/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

|  |                                   |  |               |                                      |                   |                        |  |
|--|-----------------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                                   | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                                   |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                                   |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                                   |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| <b>PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS</b><br><br>(b) (6)   |                                   |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                                   |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                                   |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                                   |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                                   | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER<br>AND DATE<br>OF ORDER   | DATE OF<br>DELIVERY<br>OR SERVICE | ARTICLES OR SERVICES<br>(Enter description, item number of contract or Federal supply<br>schedule, and other information deemed necessary) | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                                   |  |               | COST                                 | PER               | ( 1 )                  |  |
| (b) (4)  |                                   | (b) (4)  |               | (b) (4)                              |                   | (b) (4)                |  |
| (b) (3) (A)  |                                   |  |               |                                      |                   |                        |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>  |                                   |  |               |                                      |                   |                        |  |
| PAYMENT:   |                                   | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                                   | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                                   | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                                   |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                                   |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                                   | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                                   |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                                   |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                                   |  |               |                                      |                   |                        |  |
|  |                                   |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                      | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                              | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                                |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                                   |  |               |                                      | FOR               |                        |  |
|  |                                   |  |               |                                      | TITLE             |                        |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |   |  |  |   |   |
|---|--|---|--|--|---|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |  |  | VOUCHER NO.<br><br>7406963-CONS                       |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |   |  | DATE VOUCHER PREPARED<br>07/08/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |   | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <b>PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS</b> </div> <div style="width: 70%;"> <div style="border: 1px solid black; padding: 5px;">             G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (6)</div> </div> </div> </div>  |  |   |  |  |   |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |   |  |  |   |   |
| NUMBER<br>AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY<br>OR SERVICE                    | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply<br/>schedule, and other information deemed necessary)</small>  | QUAN-<br>TITY  | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"> <div>COST</div> <div>PER</div> </div>                               | AMOUNT<br><div style="text-align: right;">( 1 )</div> |   |
| (b) (4)<br><br>TAS# 7030530   | 6/1 -<br>6/30/15                                     | (b) (4) Yuma Sector<br><br>In the event of questions on this invoice contact<br>(b) (6) Manager Contract Compliance<br>at address above or at (b) (6) By<br>submission of this invoice, (b) (6)<br>certifies that the costs contained in this invoice<br>are accurate and complete.<br><br>Banking ABA# (b) (6) Acct# (b) (6) | 1  | (b) (4) Month  | (b) (4)   |   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |  |   |  |  | <b>TOTAL</b> 3,608,753.89                             |   |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR _____<br><div style="text-align: right;">=\$</div>   | EXCHANGE RATE _____<br><div style="text-align: right;">=\$1.00</div> | DIFFERENCES _____<br><br>Amount verified, correct for payment  |   |   |
| BY <sup>2</sup> _____<br><br>TITLE _____  |  | (Signature or initials) _____   |  |  |   |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |   |  |  |   |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |   |  |  |   |   |
| ACCOUNTING CLASSIFICATION   |  |   |  |  |   |   |
|   |  |   |  |  |   |   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER _____ ON TREASURER OF THE UNITED STATES |   | CHECK NUMBER _____ ON (Name of bank)                                 |  |   |   |
|   | CASH _____ DATE _____<br>\$ _____                    |   | PAYEE <sup>3</sup> _____   |  |   |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |   |  |  | FOR _____<br><br>TITLE _____                          |   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|  |                             |  |               |                                      |                   |                        |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM TO WEIGHT   |                             |  |               |                                      |                   |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN- TITY    | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |                             |  |               |                                      |                   |                        |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |                        |  |
|  |                             |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                          |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|  |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908  
Service (b) (6)  
Location: Tucson AZ 85711-6565

Invoice No: 7320974  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 03/01/2015       | 03/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7320975  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 03/01/2015       | 03/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7320976  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7320979  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 03/01/2015       | 03/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7320977  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: 2402 W Hwy 77  
San Benito TX 78586-7777

Invoice No: 7320978  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 03/01/2015       | 03/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|  |                             |  |               |                                      |                   |                        |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM   |                             | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY     | UNIT PRICE                           |                   | AMOUNT                 |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>     |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL  |                             |  |               |                                      |                   |                        |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL   |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> PROGRESS  |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| <input type="checkbox"/> ADVANCE   |                             |  |               |                                      |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |                        |  |
|  |                             |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|  | \$                          |  |               |                                      |                   |                        |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|  |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Tucson AZ 85711-6565

Invoice No: 7320984  
 Amount Due: (b) (4)  
 Invoice Date: 3/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 4/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Chula Vista CA 91914-3519

Invoice No: 7320983  
 Amount Due: (b) (4)  
 Invoice Date: 3/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 4/30/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7320985  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)

Location: Del Rio TX 78840-8004

Invoice No: 7320980  
Amount Due: (b) (4)  
Invoice Date: 3/31/2015  
Terms: Payment Due 30 Days  
Due Date: 4/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7320981  
 Amount Due: (b) (4)  
 Invoice Date: 3/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 4/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: 2402 W Hwy 77  
 San Benito TX 78586-7777

Invoice No: 7320982  
 Amount Due: (b) (4)  
 Invoice Date: 3/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 4/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 03/01/2015       | 03/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY                     | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
| (b) (4)   |                             | (b) (4)  |                                   | (b) (4)                     |                    | (b) (4)                              |                   |
| (b) (3) (A)   |                             |  |                                   |                             |                    |                                      |                   |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)   |                             |  |                                   |                             |                    | TOTAL                                |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <div><div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div></div> |                             |  |                                   |                             |                    | FOR                                  |                   |
|   |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |   |  |  |                                 |   |
|---|--|---|--|--|---------------------------------|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL  |  |  | VOUCHER NO.<br><br>7309582-CONS |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |   |  | DATE VOUCHER PREPARED<br>04/07/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839 |                                 | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| PAYEE'S NAME AND ADDRESS<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 10px; text-align: center;">(b) (6)</div> </div>   |  |   |  |  |                                 |   |
| SHIPPED FROM TO WEIGHT  |  |   |  | GOVERNMENT B/L NUMBER  |                                 |   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>  | QUAN-TITY  | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"><div>COST</div><div>PER</div></div>                                  |                                 | AMOUNT<br><div style="text-align: right;">( 1 )</div>   |
| <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (4)</div><br>TAS# 7030530  | 3/1 -<br>3/31/15                               | <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (4)</div> Yuma Sector<br><br>In the event of questions on this invoice contact<br><div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (6)</div> Manager Contract Compliance<br>at address above or at <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (6)</div> By<br>submission of this invoice, <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (6)</div><br>certifies that the costs contained in this invoice<br>are accurate and complete.<br><br>Banking ABA# <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (6)</div> Acct# <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (6)</div> | 1  | <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (4)</div> Month                         |                                 | <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; padding: 5px;">(b) (4)</div>  |
| (Use continuation sheet(s) if necessary)  |  |   |  |  |                                 | TOTAL 3,470,092.90  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR<br><br><div style="text-align: right;">=\$</div>   | EXCHANGE RATE<br><br><div style="text-align: right;">=\$1.00</div> | DIFFERENCES  |                                 | BY <sup>2</sup><br><br>TITLE  |
|   |  | Amount verified, correct for payment  |  | (Signature or initials)  |                                 |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |   |  |  |                                 |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |   |  |  |                                 |   |
| ACCOUNTING CLASSIFICATION   |  |   |  |  |                                 |   |
|   |  |   |  |  |                                 |   |
| PAID BY   | CHECK NUMBER ON TREASURER OF THE UNITED STATES |   | CHECK NUMBER ON (Name of bank)                                     |  |                                 |   |
|   | CASH DATE \$                                   |   | PAYEE <sup>3</sup>   |  |                                 |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |   |  |  |                                 | FOR<br><br><hr/> TITLE  |

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |                             |  |                                   |                             |                                      |   |  |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------------------------|---|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |                                   |                             |                                      | VOUCHER NO.   |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.  |  |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                                      | PAID BY   |  |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                                      |   |  |
| PAYEE'S NAME AND ADDRESS<br><br><div style="background-color: black; color: red; font-size: 2em; padding: 10px; display: inline-block;">(b) (6)</div>   |                             |  |                                   | DATE INVOICE RECEIVED       |                                      |   |  |
|   |                             |  |                                   | DISCOUNT TERMS              |                                      |   |  |
|   |                             |  |                                   | PAYEE'S ACCOUNT NUMBER      |                                      |   |  |
|   |                             |  |                                   | GOVERNMENT B/L NUMBER       |                                      |   |  |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                                      |   |  |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-TITY                         | UNIT PRICE                  |                                      | AMOUNT<br><div style="text-align: right;">( 1 )</div> |  |
|   |                             |  |                                   | COST                        | PER                                  |   |  |
|   |                             |  |                                   |                             |                                      | (b) (4)   |  |
|   |                             |  |                                   |                             |                                      |   |  |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b>  |                             |  |                                   |                             |                                      | TOTAL   |  |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  | APPROVED FOR                |  | EXCHANGE RATE                     |                             | DIFFERENCES                          |   |  |
|   | =\$                         |  | =\$1.00                           |                             |                                      |   |  |
|   | BY <sup>2</sup>             |  |                                   |                             |                                      |   |  |
|   |                             |  |                                   |                             |                                      |   |  |
|   | TITLE                       |  |                                   |                             | Amount verified; correct for payment |   |  |
|   |                             |  |                                   | (Signature or initials)     |                                      |   |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                                      |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>_____ (Date)</span> <span>_____ (Authorized Certifying Officer)</span> <span>_____ (Title)</span> </div>   |                             |  |                                   |                             |                                      |   |  |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                                      |   |  |
|   |                             |  |                                   |                             |                                      |   |  |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER                         |   |  |
|   | CASH                        |  | DATE                              |                             | ON (Name of bank)                    |   |  |
|   | \$                          |  |                                   |                             | PAYEE <sup>3</sup>                   |   |  |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                             |  |                                   |                             | FOR                                  |   |  |
|   |                             |  |                                   |                             | TITLE                                |   |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7382917  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Yuma AZ 85365-5002

Invoice No: 7382924  
Amount Due: (b) (4)  
Invoice Date: 5/31/2015  
Terms: Payment Due 30 Days  
Due Date: 6/30/2015  
Customer ID: 106776  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7382929  
Amount Due: (b) (4)  
Invoice Date: 5/31/2015  
Terms: Payment Due 30 Days  
Due Date: 6/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 05/01/2015       | 05/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7382932  
Amount Due: (b) (4)  
Invoice Date: 5/31/2015  
Terms: Payment Due 30 Days  
Due Date: 6/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 05/01/2015       | 05/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7382930  
Amount Due: (b) (4)  
Invoice Date: 5/31/2015  
Terms: Payment Due 30 Days  
Due Date: 6/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 05/01/2015       | 05/31/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: 2402 W Hwy 77  
San Benito TX 78586-7777

Invoice No: 7382931  
Amount Due: (b) (4)  
Invoice Date: 5/31/2015  
Terms: Payment Due 30 Days  
Due Date: 6/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

|  |                             |  |                                   |                             |                                      |                        |                   |
|--|-----------------------------|--|-----------------------------------|-----------------------------|--------------------------------------|------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                                      | VOUCHER NO.            |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |                                   | DATE VOUCHER PREPARED       |                                      | SCHEDULE NO.           |                   |
|  |                             |  |                                   | CONTRACT NUMBER AND DATE    |                                      | PAID BY                |                   |
|  |                             |  |                                   | REQUISITION NUMBER AND DATE |                                      |                        |                   |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>   |                             |  |                                   |                             |                                      | DATE INVOICE RECEIVED  |                   |
|  |                             |  |                                   |                             |                                      | DISCOUNT TERMS         |                   |
|  |                             |  |                                   |                             |                                      | PAYEE'S ACCOUNT NUMBER |                   |
|  |                             |  |                                   |                             |                                      | GOVERNMENT B/L NUMBER  |                   |
| SHIPPED FROM   |                             | TO   |                                   | WEIGHT                      |                                      |                        |                   |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-<br>TITY                     | UNIT PRICE                  |                                      | AMOUNT                 |                   |
|  |                             |  |                                   | COST                        | PER                                  | ( 1 )                  |                   |
|  |                             |  |                                   |                             |                                      | (b) (4)                |                   |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)  |                             |  |                                   |                             |                                      | TOTAL                  |                   |
| <div>PAYMENT:</div> <div><input type="checkbox"/> PROVISIONAL</div> <div><input type="checkbox"/> COMPLETE</div> <div><input type="checkbox"/> PARTIAL</div> <div><input type="checkbox"/> FINAL</div> <div><input type="checkbox"/> PROGRESS</div> <div><input type="checkbox"/> ADVANCE</div>  | APPROVED FOR                |  | EXCHANGE RATE                     |                             | DIFFERENCES                          |                        |                   |
|  | =\$                         |  | =\$1.00                           |                             |                                      |                        |                   |
|  | BY <sup>2</sup>             |  |                                   |                             |                                      |                        |                   |
|  |                             |  |                                   |                             | Amount verified; correct for payment |                        |                   |
|  | TITLE                       |  |                                   |                             | (Signature or initials)              |                        |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |                                   |                             |                                      |                        |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |                                   |                             |                                      |                        |                   |
| ACCOUNTING CLASSIFICATION  |                             |  |                                   |                             |                                      |                        |                   |
|  |                             |  |                                   |                             |                                      |                        |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER                         |                        | ON (Name of bank) |
|  | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup>                   |                        |                   |
| \$   |                             |  |                                   |                             |                                      |                        |                   |
| <div><sup>1</sup> When stated in foreign currency, insert name of currency.</div> <div><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div> <div><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div> |                             |  |                                   |                             |                                      | FOR                    |                   |
|  |                             |  |                                   |                             |                                      | TITLE                  |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7382937  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908  
 Service (b) (6)  
 Location: Chula Vista CA 91914-3519

Invoice No: 7382936  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7382938  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Del Rio TX 78840-8004

Invoice No: 7382933  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7382934  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: 2402 W Hwy 77  
 San Benito TX 78586-7777

Invoice No: 7382935  
 Amount Due: (b) (4)  
 Invoice Date: 5/31/2015  
 Terms: Payment Due 30 Days  
 Due Date: 6/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 05/01/2015       | 05/31/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

|   |                             |  |                                   |                             |                    |                                      |                   |
|---|-----------------------------|--|-----------------------------------|-----------------------------|--------------------|--------------------------------------|-------------------|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |                                   |                             |                    | VOUCHER NO.                          |                   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |                                   | DATE VOUCHER PREPARED       |                    | SCHEDULE NO.                         |                   |
|   |                             |  |                                   | CONTRACT NUMBER AND DATE    |                    | PAID BY                              |                   |
|   |                             |  |                                   | REQUISITION NUMBER AND DATE |                    |                                      |                   |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>  |                             |  |                                   |                             |                    | DATE INVOICE RECEIVED                |                   |
|   |                             |  |                                   |                             |                    | DISCOUNT TERMS                       |                   |
|   |                             |  |                                   |                             |                    | PAYEE'S ACCOUNT NUMBER               |                   |
|   |                             |  |                                   |                             |                    | GOVERNMENT B/L NUMBER                |                   |
| SHIPPED FROM  |                             | TO   |                                   | WEIGHT                      |                    |                                      |                   |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN- TITY                        | UNIT PRICE                  |                    | AMOUNT                               |                   |
|   |                             |  |                                   | COST                        | PER                | ( 1 )                                |                   |
| (b) (4)   |                             | (b) (4)  |                                   | (b) (4)                     |                    | (b) (4)                              |                   |
| (b) (3) (A)   |                             |  |                                   |                             |                    |                                      |                   |
| (Use continuation sheet(s) if necessary) <b>(Payee must NOT use the space below)</b> <b>TOTAL</b>   |                             |  |                                   |                             |                    |                                      |                   |
| PAYMENT:  |                             | APPROVED FOR   |                                   | EXCHANGE RATE               |                    | DIFFERENCES                          |                   |
| <input type="checkbox"/> PROVISIONAL  |                             | =\$  |                                   | =\$1.00                     |                    |                                      |                   |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PARTIAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> FINAL  |                             |  |                                   |                             |                    |                                      |                   |
| <input type="checkbox"/> PROGRESS   |                             |  |                                   |                             |                    | Amount verified; correct for payment |                   |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |                                   | (Signature or initials)     |                    |                                      |                   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |                                   |                             |                    |                                      |                   |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |                                   |                             |                    |                                      |                   |
| ACCOUNTING CLASSIFICATION   |                             |  |                                   |                             |                    |                                      |                   |
|   |                             |  |                                   |                             |                    |                                      |                   |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                |  | ON TREASURER OF THE UNITED STATES |                             | CHECK NUMBER       |                                      | ON (Name of bank) |
|   | CASH                        |  | DATE                              |                             | PAYEE <sup>3</sup> |                                      |                   |
| \$  |                             |  |                                   |                             |                    |                                      |                   |
| <div><div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div></div> |                             |  |                                   |                             |                    | FOR                                  |                   |
|   |                             |  |                                   |                             |                    | TITLE                                |                   |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |  |  |                                     |  |  |   |
|---|--|--|-------------------------------------|--|--|---|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |  | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL   |                                     |  | VOUCHER NO.<br><br>7378037-CONS  |   |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br>Department of Homeland Security<br>Customs and Border Protection<br>National Finance Center<br>PO Box 68908<br>Indianapolis, IN 46268-0908  |  |  |                                     | DATE VOUCHER PREPARED<br>06/09/2015<br><hr/> CONTRACT NUMBER AND DATE<br>HSBP1013D00022<br><hr/> REQUISITION NUMBER AND DATE<br>HSBP1014J00839   |  | SCHEDULE NO.<br><br><hr/> PAID BY<br><br><hr/> DATE INVOICE RECEIVED<br><br><hr/> DISCOUNT TERMS<br><br><hr/> PAYEE'S ACCOUNT NUMBER<br><br><hr/> GOVERNMENT B/L NUMBER |
| <div style="display: flex; align-items: center;"> <div style="width: 15%; font-weight: bold; text-align: center;">           PAYEE'S<br/>NAME<br/>AND<br/>ADDRESS         </div> <div style="width: 85%;"> <div style="border: 1px solid black; padding: 5px;">             G4S Secure Solutions (USA) Inc<br/> <div style="background-color: black; color: red; font-size: 2em; font-weight: bold; text-align: center; padding: 10px;">(b) (6)</div> </div> </div> </div>  |  |  |                                     |  |  |   |
| SHIPPED FROM _____ TO _____ WEIGHT _____  |  |  |                                     |  |  |   |
| NUMBER AND DATE OF ORDER<br><br><div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (4)</div>  | DATE OF DELIVERY OR SERVICE<br>5/1 - 5/31/15 | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small><br><div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (4)</div> Yuma Sector<br><br>In the event of questions on this invoice contact <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (6)</div> Manager Contract Compliance at address above or at <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (6)</div> By submission of this invoice, <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (6)</div> certifies that the costs contained in this invoice are accurate and complete.<br><br>Banking ABA# <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (6)</div> Acct# <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (6)</div> | QUANTITY<br><br>1                   | UNIT PRICE<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (4)</div> </div> <div style="width: 55%;">Month</div> </div> | AMOUNT<br><br><div style="background-color: black; color: red; font-size: 1.5em; font-weight: bold; text-align: center;">(b) (4)</div> |   |
| TAS# 7030530  |  |  |                                     |  | (1)  |   |
| (Use continuation sheet(s) if necessary)  |  |  |                                     |  | TOTAL 3,529,680.16   |   |
| PAYMENT:<br><input type="checkbox"/> PROVISIONAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE  |  | APPROVED FOR<br><br>BY <sup>2</sup> _____<br><br>TITLE _____   | EXCHANGE RATE<br>=\$ _____ = \$1.00 | DIFFERENCES _____<br><br>Amount verified, correct for payment<br>(Signature or initials) _____   |  |   |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |  |  |                                     |  |  |   |
| _____<br>(Date) (Authorized Certifying Officer) (Title)   |  |  |                                     |  |  |   |
| ACCOUNTING CLASSIFICATION   |  |  |                                     |  |  |   |
|   |  |  |                                     |  |  |   |
| PAID<br><br>BY  | CHECK NUMBER _____                           | ON TREASURER OF THE UNITED STATES  | CHECK NUMBER _____                  | ON (Name of bank) _____  |  |   |
|   | CASH \$ _____                                | DATE _____   | PAYEE <sup>3</sup> _____            |  |  |   |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |  |  |                                     |  | FOR _____<br><br>TITLE _____   |   |

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Previous edition usable

NSN 7540-00-900-2234

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

|   |                             |  |               |                                      |                   |                        |  |
|---|-----------------------------|--|---------------|--------------------------------------|-------------------|------------------------|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.            |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.           |  |
|   |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY                |  |
|   |                             |  |               | REQUISITION NUMBER AND DATE          |                   |                        |  |
| <div>PAYEE'S NAME AND ADDRESS</div> <div>(b) (6)</div>  |                             |  |               |                                      |                   | DATE INVOICE RECEIVED  |  |
|   |                             |  |               |                                      |                   | DISCOUNT TERMS         |  |
|   |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER |  |
|   |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER  |  |
| SHIPPED FROM  |                             | TO   |               | WEIGHT                               |                   |                        |  |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT                 |  |
|   |                             |  |               | COST                                 | PER               | ( 1 )                  |  |
|   |                             |  |               |                                      |                   | (b) (4)                |  |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below)   |                             |  |               |                                      |                   | TOTAL                  |  |
| PAYMENT:  |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |                        |  |
| <input type="checkbox"/> PROVISIONAL  |                             | = \$   | = \$1.00      |                                      |                   |                        |  |
| <input type="checkbox"/> COMPLETE   |                             | BY <sup>2</sup>  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PARTIAL  |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> FINAL  |                             |  |               |                                      |                   |                        |  |
| <input type="checkbox"/> PROGRESS   |                             |  |               | Amount verified; correct for payment |                   |                        |  |
| <input type="checkbox"/> ADVANCE  |                             | TITLE  |               | (Signature or initials)              |                   |                        |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                             |  |               |                                      |                   |                        |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>   |                             |  |               |                                      |                   |                        |  |
| ACCOUNTING CLASSIFICATION   |                             |  |               |                                      |                   |                        |  |
|   |                             |  |               |                                      |                   |                        |  |
| P<br>A<br>I<br>D<br><br>B<br>Y  | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |                        |  |
|   | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |                        |  |
|   | \$                          |  |               |                                      |                   |                        |  |
| <div><div><sup>1</sup> When stated in foreign currency, insert name of currency.<br/><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br/><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR                    |  |
|   |                             |  |               |                                      |                   | TITLE                  |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7513043  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Bus Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Yuma AZ 85365-5002

Invoice No: 7513044  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Yuma Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



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Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Chula Vista CA 91914-3519

Invoice No: 7513045  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106778  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |               |
| Bus Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)



## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: El Paso TX 79925-1212

Invoice No: 7513048  
Amount Due: (b) (4)  
Invoice Date: 9/30/2015  
Terms: Payment Due 30 Days  
Due Date: 10/30/2015  
Customer ID: 130846  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 09/01/2015       | 09/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Laredo TX 78041-2204

Invoice No: 7513046  
Amount Due: (b) (4)  
Invoice Date: 9/30/2015  
Terms: Payment Due 30 Days  
Due Date: 10/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 09/01/2015       | 09/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7513047  
Amount Due: (b) (4)  
Invoice Date: 9/30/2015  
Terms: Payment Due 30 Days  
Due Date: 10/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS7F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u>      |
|------------------|----------------|-----------------|--------------------|
| 09/01/2015       | 09/30/2015     | 1.00            |                    |
| Bus Fuel         |                | 1.00            | at (b) (4) (b) (4) |

Subtotal

Invoice total

(b) (4)

|  |                             |  |               |                                      |                   |   |  |
|--|-----------------------------|--|---------------|--------------------------------------|-------------------|---|--|
| Standard Form 1034<br>Revised October 1967<br>Department of the Treasury<br>1 TFM 4-2000<br>1034-121   |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND<br/>SERVICES OTHER THAN PERSONAL</b>   |               |                                      |                   | VOUCHER NO.                                       |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   |                             |  |               | DATE VOUCHER PREPARED                |                   | SCHEDULE NO.                                      |  |
|  |                             |  |               | CONTRACT NUMBER AND DATE             |                   | PAID BY   |  |
|  |                             |  |               | REQUISITION NUMBER AND DATE          |                   |   |  |
| PAYEE'S NAME AND ADDRESS<br><div>(b) (6)</div>   |                             |  |               |                                      |                   | DATE INVOICE RECEIVED                             |  |
|  |                             |  |               |                                      |                   | DISCOUNT TERMS                                    |  |
|  |                             |  |               |                                      |                   | PAYEE'S ACCOUNT NUMBER                            |  |
|  |                             |  |               |                                      |                   | GOVERNMENT B/L NUMBER                             |  |
| SHIPPED FROM   |                             |  |               | TO                                   |                   | WEIGHT  |  |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-<br>TITY | UNIT PRICE                           |                   | AMOUNT  |  |
|  |                             |  |               | COST                                 | PER               | ( 1 )   |  |
|  |                             |  |               |                                      |                   | <div>(b) (4)</div>                                |  |
| (Use continuation sheet(s) if necessary)   |                             |  |               |                                      |                   | <b>(Payee must NOT use the space below) TOTAL</b> |  |
| PAYMENT:   |                             | APPROVED FOR   | EXCHANGE RATE | DIFFERENCES                          |                   |   |  |
| <input type="checkbox"/> PROVISIONAL   |                             | = \$   | = \$1.00      |                                      |                   |   |  |
| <input type="checkbox"/> COMPLETE  |                             | BY <sup>2</sup>  |               |                                      |                   |   |  |
| <input type="checkbox"/> PARTIAL   |                             |  |               |                                      |                   |   |  |
| <input type="checkbox"/> FINAL   |                             |  |               |                                      |                   |   |  |
| <input type="checkbox"/> PROGRESS  |                             |  |               | Amount verified; correct for payment |                   |   |  |
| <input type="checkbox"/> ADVANCE   |                             | TITLE  |               | (Signature or initials)              |                   |   |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.   |                             |  |               |                                      |                   |   |  |
| <div>(Date) (Authorized Certifying Officer) (Title)</div>  |                             |  |               |                                      |                   |   |  |
| ACCOUNTING CLASSIFICATION  |                             |  |               |                                      |                   |   |  |
|  |                             |  |               |                                      |                   |   |  |
| P<br>A<br>I<br>D<br><br>B<br>Y   | CHECK NUMBER                | ON TREASURER OF THE UNITED STATES  |               | CHECK NUMBER                         | ON (Name of bank) |   |  |
|  | CASH                        | DATE   |               | PAYEE <sup>3</sup>                   |                   |   |  |
|  | \$                          |  |               |                                      |                   |   |  |
| <div><div>1 When stated in foreign currency, insert name of currency.</div><div>2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</div><div>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</div></div> |                             |  |               |                                      |                   | FOR   |  |
|  |                             |  |               |                                      |                   | TITLE   |  |

Previous edition usable

NSN 7540-00-900-2234

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)  
 Location: Tucson AZ 85711-6565

Invoice No: 7513052  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106776  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Tucson Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

## G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: Chula Vista CA 91914-3519

Invoice No: 7513051  
Amount Due: (b) (4)  
Invoice Date: 9/30/2015  
Terms: Payment Due 30 Days  
Due Date: 10/30/2015  
Customer ID: 106778  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com

Other inquiries: billinghelp@usa.g4s.com

Invoice Description

San Diego Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Securing Your World

Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: El Paso TX 79925-1212

Invoice No: 7513054  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 130846  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

El Paso Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Del Rio TX 78840-8004

Invoice No: 7513049  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Del Rio Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| Subtotal         |                |                 |            | (b) (4)       |
| Invoice total    |                |                 |            | (b) (4)       |



## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



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Bill To: Accounts Payable  
 Department of Homeland Security  
 Customs & Border Protection  
 National Finance Center  
 PO Box 68908  
 Indianapolis IN 46268-0908

Service (b) (6)

Location: Laredo TX 78041-2204

Invoice No: 7513053  
 Amount Due: (b) (4)  
 Invoice Date: 9/30/2015  
 Terms: Payment Due 30 Days  
 Due Date: 10/30/2015  
 Customer ID: 106774  
 PO Number: HSBP1014J00839

Please include the invoice number  
 with your payment and remit to:  
 PO Box 277469  
 Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: poinfo@usa.g4s.com  
 Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Laredo Sector  
 Contract HSBP1013D00022  
 GS07F0382K  
 TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> | <u>Amount</u> |
|------------------|----------------|-----------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |               |
| Van Fuel         |                | 1.00            | at (b) (4)    |

Subtotal

Invoice total

(b) (4)

## INVOICE

G4S Secure Solutions (USA) Inc

Website: www.g4s.com/us

Federal ID: (b) (3) (A)

Contact us: (b) (6)



Bill To: Accounts Payable  
Department of Homeland Security  
Customs & Border Protection  
National Finance Center  
PO Box 68908  
Indianapolis IN 46268-0908

Service (b) (6)  
Location: San Benito TX 78586-7777

Invoice No: 7513050  
Amount Due: (b) (4)  
Invoice Date: 9/30/2015  
Terms: Payment Due 30 Days  
Due Date: 10/30/2015  
Customer ID: 106774  
PO Number: HSBP1014J00839

Please include the invoice number  
with your payment and remit to:  
PO Box 277469  
Atlanta GA 30384-7469

Have billing questions? Email us:

Purchase orders: pinfo@usa.g4s.com  
Other inquiries: billinghelp@usa.g4s.com

Invoice Description

Rio Grande Valley Sector  
Contract HSBP1013D00022  
GS07F0382K  
TAS# 7030530

| <u>From Date</u> | <u>To Date</u> | <u>Quantity</u> |            | <u>Amount</u> |
|------------------|----------------|-----------------|------------|---------------|
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |
| 09/01/2015       | 09/30/2015     | 1.00            |            |               |
| Van Fuel         |                | 1.00            | at (b) (4) | (b) (4)       |

Subtotal

Invoice total

(b) (4)